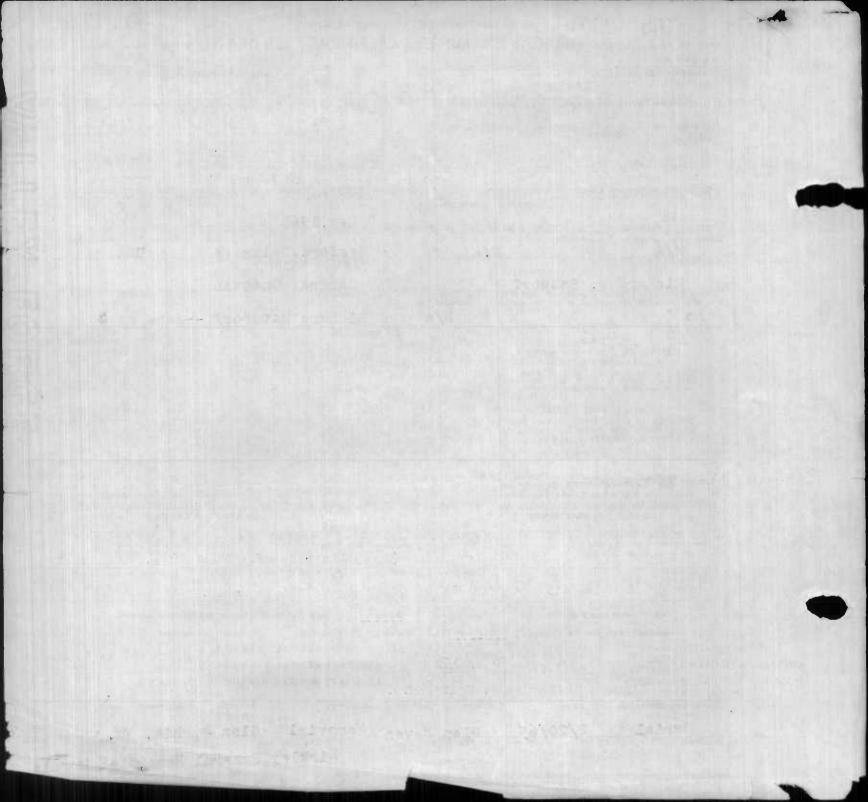
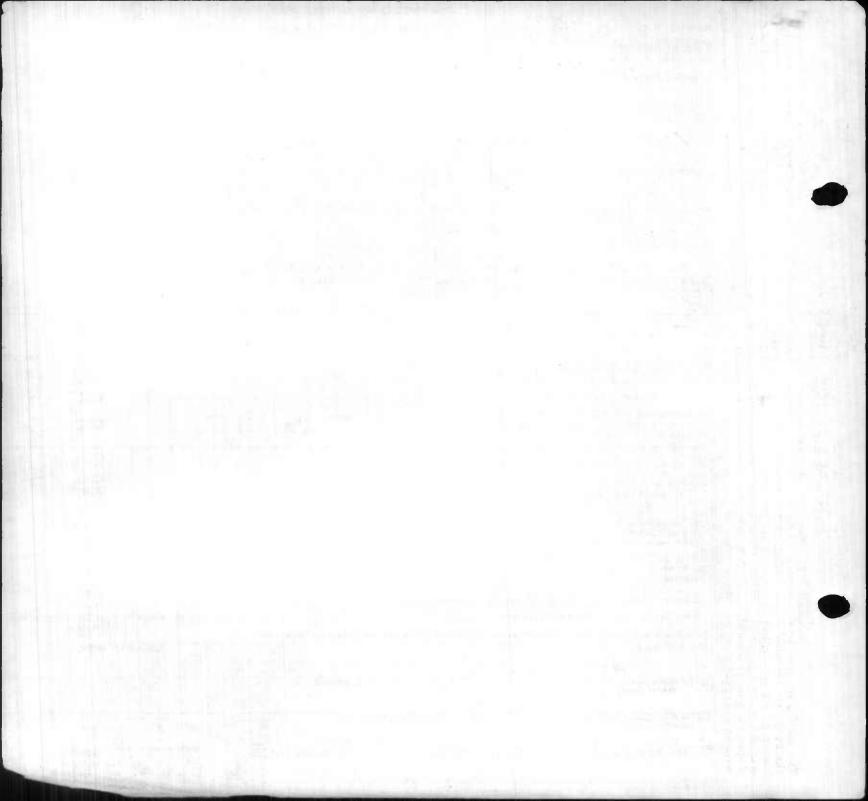
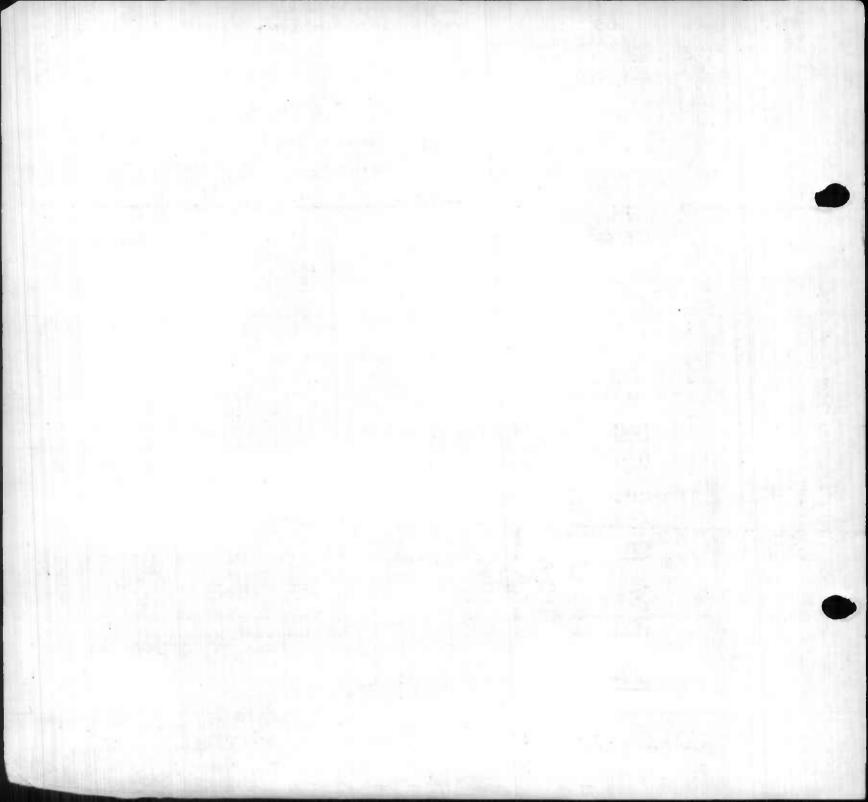
VS 151-REV. 1/1/65



I	05 0000	BALTIMORE CIT	TY HEALTH DEPARTMENT	65 2002		
11-	RTH NO. 65 2002	CERTIFICA	ATE OF DEATH Registered No.			
1,	NAME OF DECEASED		2. DATE AND HOUR OF DEAT	Н		
H(T	ype or Print) WILLIAM K	EDWARD QUI	GLEY 2-17-65	730 DM		
3.	PLACE OF DEATH IN BALTIMORE, MARYL		4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)		
	FULL NAME OF (If not in haspital ar	inchieutian aus chant	MARYLAND	(1)		
	HOSPITAL OR address or location)	institution, give street		e RURAL and give lawnship)		
H	154 N. MILT	TAU AVE	BALTIMORE			
91	134 NITTHE	0.0 7/02.	D. STREET ADDRESS (If rural, give location)			
			154 N. MILTON	AVE.		
5.	SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr., If Under 24 Hrs. Months: Doys : Hours : Min.		
	MW	MARRIED	7-19-1904 60			
	A. USUAL OCCUPATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?		
00	Praemacist of working life, even if retired)	HOSPITAL	MICHIGAN	U.S.A.		
13	FATHERS NAME		14. MOTHER'S MAIDEN NAME	0.07,7		
	Wm. H. Qui	CIEY	VENNIE OWENS			
15	. Was Deceased Ever in U. S. Armed Forces		17. INFORMANT	ADDRESS		
(Y	es, na ar unknown) (If yes, give war ar dates a	of service) SECURITY NO.	and no	in al Dias P.		
IL	No		Mary Gengles -1	134 N. Millon al		
1	18. 420, 1 I	0.1002	OF BEATH	INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECT	CTLY	weith I man The	0:10		
	(This does not mean the made of dy	ying, e.g., DUE TO	and convery rough			
	heart failure, asthenia, etc. Il means the disease, injury or complication which coused death,)					
	ANTECEDENT CAUSES	(B)	rtered elevorelorman (nu	m. 343		
1	DISEASES OR CONDITIONS, if on	DUE TO	Generalized ( dileursa)	and ha		
	rise to the above cause (A) st		Teraccary Course	2745.		
	UNDERLYING CONDITION IOSI.		Meny Emprend Toll	) ~		
1	OTHER SIGNIFICANT CONDITIONS COM	MIDIDITING				
1 5	TO THE DEATH BUT NOT RELATE					
1	DISEASE OR CONDITION CAUSING IT.	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No) 20B. IF YES, WER	E FINDINGS CONSIDERED		
Cornell	Simport of Jon Was Perfor	RMED OU CO line LOGO	IN CERTIFYING C	CAUSES OF DEATH?		
1	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID (If in Baltim	nare City, give exact lacation)		
1 v		etc.)	office bldg., INJURY OCCUR?			
100	21D. TIME (Month) (Day) (Year) (	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
1	OF INJURY (APPROX.)	While At Not W				
	22	Wark At War		JA 17 - 15		
	22. I certify that (I) (this_hospital) a	1311	1965 10	130-17-1903		
	that (1) (we) last sow the deceased		19 and that in (my) (aur) a	pinian death accurred an the date		
	and hour and fram the causes stated	obove. (I) (Mask (did) (did hot)	view the bady after death.	loop SAYS SIGNISS		
	Wan Gla	0 0 0 A M.D. A	ttending Med. Staff	23B. DATE SIGNED		
	100 - 00 XE	PI PI	nys. Ditector Phys.	146-19-6		
П	23 C. PHYSICIAN'S NAME (Type)	1-1-	23D. ADDRESS	12000		
	WMIG	GEYER M.D	, of 1/1 receive	1 coe / Sutto + Mo		
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION	(City, town, or county) (State)		
	BURIAL 2-20-6.	5 ST. STANISLAU	IS GEM. BALTO.	Mo-		
25	A	SB. NAME OF REGISTRAR	25C. EUNERAL DIRECTOR	O A ADDRESS		
	EEB 2 3 1965 ( 0 0 6)	S. Fr. One M.D.	Harthy Miller 23:	34 lesson At.		
	150-REV, 1/1/65	-, 41.	Ct ii / 1	71011		



BALTIMORE CITY	Y HEALTH DEPARTMENT	65 2003
BIRTH NO. 65 2003 CERTIFICA	ATE OF DEATH Registered No.	()0 ,3000
T.NAME OF DECEASED (Type or Print) 71.	2. DATE AND HOUR OF DEATH	ol= 030
1110WhIRY 12851-6 LER	february 17	1763 / 10 1
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If ins	titution: residence before admission
FULL NAME OF (If not in hospital or institution, give street	mauland	19-01
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write R)	URAL and give township
INSTITUTION	Battimore	1º 11
o franklin Square Hospital	D. STREET ADDRESS (If rural, give location)	(2/cn 10;1/20
oranifm of court 11.5	1515 Edmondson	Ave -
SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors	If Under 1 Yr If Under 24 Hr
WIDOWED DIVORCED (specify)	Silve   Day   lost birthdoy)	Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF
one during most of working life, even if refired)	11. BIRTHPLACE (Store of foreign country)	WHAT COUNTRY?
ATHOME	1:19:112	11.5 A
3. FATHER'S NAME	14. MOTHERS MAIDEN NAME	
unknown	Linknewn	
5. Wos Deceosed Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	THE OWNERS OF TH	1515 Edmindson
No ?	Lois Hose (Neice)	1312 64111111111
18. 4 4 3 X   CAUSE C	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	/	ONSET AND DEATH
LEADING TO DEATH	4 Dortemains Cartings as	
(This does not mean the made of dying, e.g., DUE TO	The state of the s	
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)		
ANTECEDENT CAUSES (B) de	sense- and Congeston	0
DUE TO	1	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	land Indure	
UNDERLYING CONDITION last.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAU	SES OF DEATH!
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, c	in a about 21C. WHERE DID (If in Boltimere	City, give exoct locotion)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	office bidg., INJURY OCCUR?	
<u> </u>		
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED  OF INJURY  While At   Not Whi	21F. HOW DID INJURY OCCUR?	
(APPRDX) While At Work At Work		
22. I certify that (I) (this hospital) attended the deceased from	January 27 19 65 to Feb	. 17 1965
46. 7/11	the second secon	
that (I) (we) lost sow the deceased alive on the	ond that in (my) (aur) opin	ion deoth occurred on the d
and hour and from the couses stated above (1) (We) (did) (did not)	view the body ofter death.	
23A. SIGNATURE		23B. DATE SIGNED
M.D. Att	tending Med. Stoff ys. Director Phys.	
23C. PHYSICIAN'S	23D. ADDRESS	
NAME (Type)	7 /	/ /
Kyo Rak Lee M.D.	Franklin Square He	sp.7d/
24A. BURIAL CREMATION 24B. DATE 24C. NAME of CEMETERY OF CR	REMATORY 24D. LOCATION (Cit	y, flown, or county) (State)
Buand 2-20-65 FIK RU	5/14	VA.
258. DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS
EED 0.2 100E 0.0 7.0	Diginelate Funnel	Elligatte
FED Z J 1900 (17. Va. 17 E, STOAKEN M.D.	Hadring of the party of	me prilotte
VS 150-REV. 1/1/65 Rod PELENSEN TO	BRITS F. H. FIKTON. 1	10.



ASSOCIATE MEDICAL EXAMINER

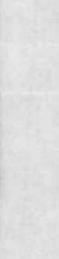
24C. EUNERAL DIRECTOR

23D. LOCATION

(State)

(City, town, or county)

O .



**EXAMINER'S** 

NAME (Type)

REMOVAL (Specify)

VS 151-REV, 1/1/65

12URIAL

Charles S. Petty, M.D.

248, NAME OF REGISTRAR

23C. NAME of CEMETERY or CREMATORY

WARLINGTON

SURPLE PERSONAL CENT CLASSES

		BALTIMORE CITY	HEALTH DEPARTMENT	05 0005
	BIRTH NO. 65 2005	CERTIFICA	TE OF DEATH Registe	ored No. 65 2005
	M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HOUR OF	DEATH 0 20
	(Type or Print) MARY L. RiHase			65 8 A M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	lived. Il institution: residence befare admission)
	FULL NAME OF (If not in hospital ar institut HOSPITAL OR oddress ar locotian) INSTITUTION	ion, give street	C. CITY OR TOWN (If autside city limit	its, write RURAL and give lawnship)
4	4	6.	D. STREET ADDRESS (If rural, give la	cotion)
6	UNION MEMORIAL H		3700 CUPPER	ROAD
mad		NED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH  12-24-92  9. AGE (In y last birthday)	Manths Days Hours Min.
SI LI	tOA, USUAL OCCUPATION (Give kind of work 10B. KINI dane during most of working title, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
1	dimertic		Pennsycuping  14. MOTHERS MAIDEN NAME	USA
disposition	13. FATHER'S NAME		- 11	
	15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	LEAN Zeller	ADDRESS
lina	(Yes, na or unknawn) (If yes, give war ar dates al servi	213-36-905	m I I I I	value of theein
or fi	1B. 2/ 0 X	CAUSE O		Memorial Hospital
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(· H	Frud OTalata	ONSET AND DEATH
balmed	(This daes nat mean the made of dying,		- and whereappy	of ages
pqu	hearl failure, asthenia, etc. II means the dise injury or camplication which coused death.)	oso, alice	to engaroslure	Globerse
e em	ANTECEDENT CAUSES	DUE TO		r sclorons
6	DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stating		betic oftenerula	v sclerons
ins	UNDERLYING CONDITION last.		severe.	
remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBL			
9 6	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		120 A ALIZOREYS (V N. II 20 P. IF WE	August Shiphics configuration
e the	198. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	7es	S, WERE FINDINGS CONSIDERED THE CAUSES OF DEATH?
before	OR CONTRIBUTING CAUSE OF DEATH (natily medical examiner)	21B. PLACE OF tNJURY (e.g., i hame, lorm, loctary, street, a etc.)	n or obout 21 C. WHERE DID (If in finite bidg., INJURY OCCUR?	n Boltimore City, give exact location)
ained	OF INJURY (Manth) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCU	R?
ain	(APPROX.)	While At Nat While Work At Wark		
opt	22. I certify that 🖨 (this hospital) attend		7-18 19 65 10	
pe	that (\$\mathbb{G}(we) last saw the deceased alive			(aur) apinion death occurred an the date
ust	and haur and from the causes stated abov	e. (19) (We) (did) (did not)	lew the bady after death.	23B. DATE SIGNED
Ε	laurenced liebare	M.D. Att	ending Med. Stall Phys. M	2-19-65
DAO	23C. PHYSICIAN'S NAME (Type)	**1100	23D. ADDRESS	
approval must	LAWRENCE J. LIE	BERMAN M.D.	UNION MEMORIAL	TAL
	24A. BURIAL CREMATION, 24 ATE 24	CON ME OF CE SERY OF CR	EMATORY LOCATION	a company and a proper property
written	25A DATE RECIDEN HEALTH DEET	ME OF REGISTRAL	Comuce	and party to the same
ML	FEB 2.3 1965	O NEW .		

VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
sceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
Written approval must be obtained before the remains are embalmed or final disposition is made.

65 2006	BALTIMORE CITY	HEALTH DEPARTMENT		65 2006
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	
M.E. CASE NO.  1. NAME OF DECEASED	2.4	2. DATE ANI	HOUR OF CEATH	31 -
(Type or Print) NORMAN C. 1	PALMER.	Treb	. 20 196T	1 11-M
3. PLACE OF CEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If in	nstitution: residence before admission)
		A. STATE Mary an		1 - 111
FULL NAME OF (If not in hospital or instit oddress or location)	ution, give street	C. CITY OR TOWN (If outs	ide_city limits, write	RURAL and give township
INSTRUTION	0 01	Baltin		KOKAE ONG GIVE IOWISHIPA
Maryland Gener	al Aespilal	(100	urol, give location)	
	U	2100 N.	Calvest	St.
SEX 6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
M - M	DOWED, DIVORCEO (specily)	March 12, 191	ost birthday!	Months Ooys Hours Min,
DA. USUAL OCCUPATION (Give kind of work 10B, KI) one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	VEMPLOYED	Ky		USA
3- FATHER'S NAME		14. MOTHER'S MAIDEN NAN	IE &	
Underous.		Eldna	Donne	efer.
5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown! (If yes, give wor or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 ,	ADDRESS
	400-07-0758	Hospt K	erard	.5
118. 0 49 V	CAUSE O	F DEATH	~ ~ ~ ~ ~ ~ ~	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	0	0	. (	ONSET AND DEATH
LEADING TO DEATH	2	ernal henres	hale (G	178.
(This does not meon the mode of dying,		Tour will on	P.J.	
heart failure, asthenia, etc. It means the di- injury or complication which coused death.		ecenneis co	ruses	
ANTECEDENT CAUSES	(8)	ections Heps	lito c	
	DUE TO	lobot iles	. Olani . as	4
DISEASES OR CONDITIONS, if any, rise to the obave couse (A) stoling		regionic mas	grown	7
UNDERLYING CONDITION lost.	***************************************	••••••••••••••••••••••••••••••••••••••	V	# ************************************
_ II				
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.	BUTING			
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
8()				
21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	free bldg., INJURY OCCUR?	(II in Boltimor	e City, give exact location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Not While			
(ATTROX)	Work At Work	4		1.
22. I certify that (I) (this haspital) often	ded the deceased from	T00. 11	061 10	ful - 20 19 6V
that (I) (we) lost saw the deceased olive	e an 116. 26	19 61 and the	t in (my) (our) opi	nion death occurred an the do
and hour and from the causes stated abo				
23A. SIGNATURE	( (	The body when deaths		23B. DATE SIGNED
Miero al Valo.	M.D. Atte	ending Med.	Stoll -	4.0 4.101
process for the first	Phy	s. Director L	hys.	1/20. 20, 1965
NAME (Type)	LE M.O.	Hary land	Genera	l Hospital.
	24C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION ( JC	ity, town, or county) (State)
BURIAL (Specily) Feb 24 100	- 11	1 10 1	usville	
				// 6 4/ / / 2 2 2 -
2 1/6	4 ST MICHA		0,0,,,,	rentucky
5A. DATE REC'D BY HEALTH DEPT. 258. N.	AME OF REGISTRAR	256 JUNERAL DIRECTOR	Fannis	363 S. Conklen

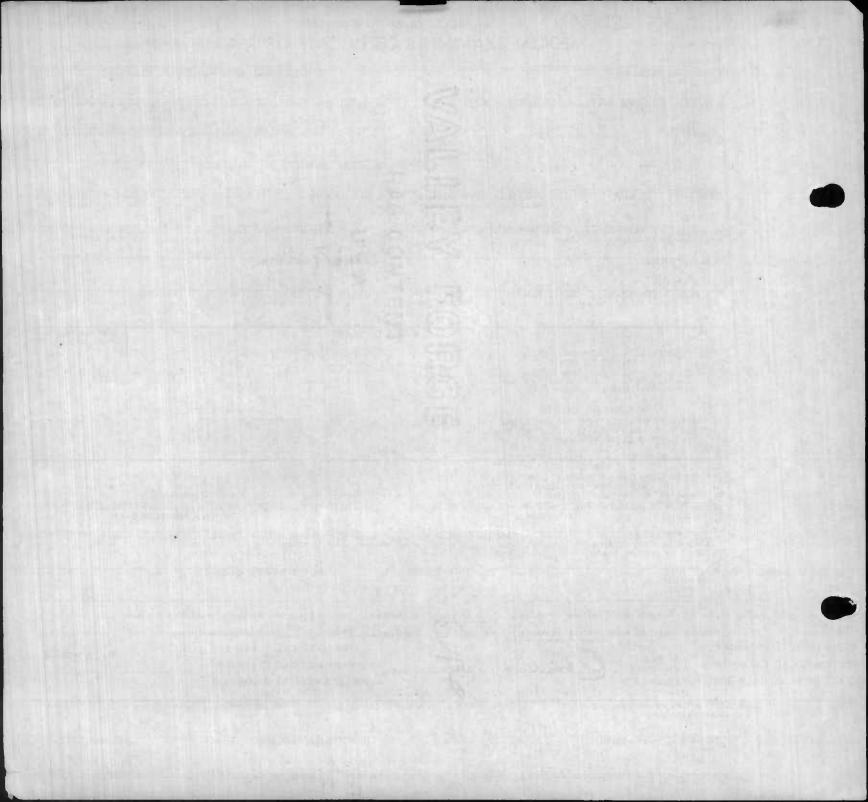
year byear stone

the expect of the har a sound in a solution

Q (1) = 4 · 1 · 4 · 1

BALTIMORE	CITY	HEALTH	DEDA	DTAMENIT
DALIMORE	~III	TIE/OLI II	DEFA	IN I MARKET AT I

6.5 2007 BALTIMORE CITY	HEALTH DEPARTMENT 65 2007
BIRTH NO. MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
HOWARD BROWN	February 17, 1965   10:25 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland  C. CITY OR TOWN (If outside corporate limits, swite RURAL and give township)
HDSPITAL OR ADDRESS OR LOCATION)	1/81
Provident Hospital	Baltimore (6 )
riovident nospital	1019 N. Arlington Avenue
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.
Male Negro WIDOWED, DIVORCED(specify)	Months Doys Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	Mr Otimens Med WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Brown	1 inknow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17, INFORMANT ADDRESS
(1)	I let Reach
18. //	AUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	teriosclerotic Heart Disease.
(This does not meon the mode of dying e.g., hear failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
injury or complication which coused death.	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
<u>P</u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	(e.g., in or about 21C, WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB-	eet, office bldg., INJURY OCCUR?
7	
OF INJURY	
m. WDRK	NOT WHILE AT WORK
22, I certify that I held on Inquiry Inspection	Autopsy ond that on this basis, death in my opinion
	uicide Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
SIGNATURE Charles J Very	M.D. ASSISTANT MEDICAL EXAMINER (\$\)
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Charles S. Petty, M.	
REMOVAL (Specify) 23B. DATE 23C. NAME of CEMET	TERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Burel 2/22/1965 Chritis	el Mallo Mil
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
LER 5 : 1200 (Cray C. 1000)	Kohana III lan - Ing Progetter Co
VS 151-REV. 1/1/65	They warmen 70001 morning in



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

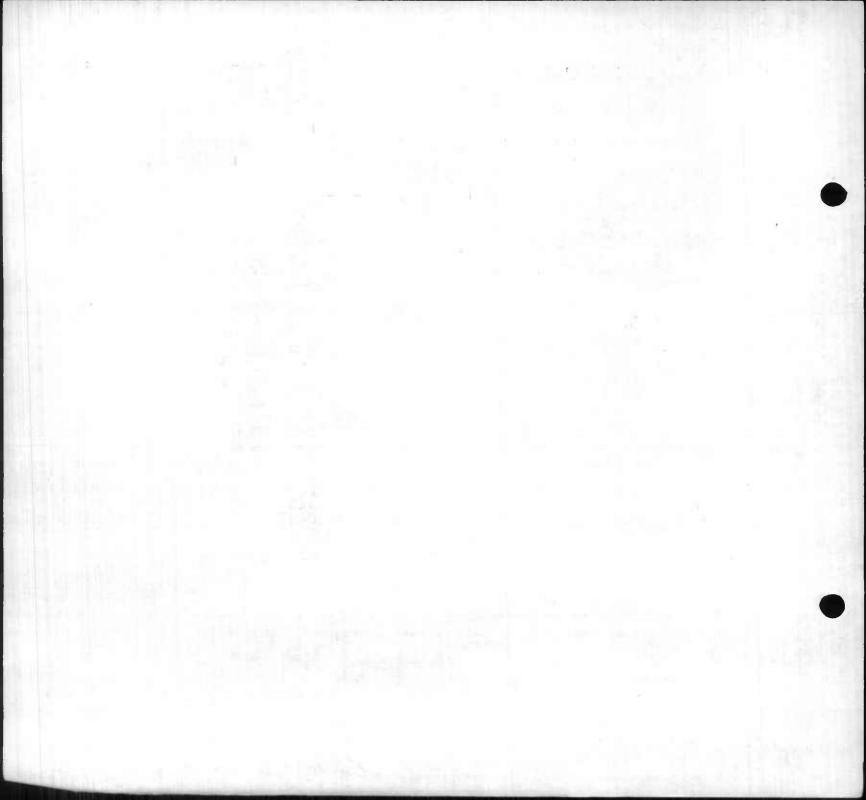
05 03	BALTIMORE CIT	Y HEALTH DEPARTMENT		CE 0000
BIRTH NO. M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered No.	65 2008
T. NAME OF DECEASED (Type or Print) BERTHA	CRISP	2. DATE A	8.45 am	2/20/65 · M.
3. PLACE OF DEATH IN BALTIMORE, A	MARYLAND	4. USUAL RESIDENCE (Whe	ere deceased lived. Il in	nstitution: rosidenco beforo odmission)
FULL NAME OF (If not in hospit HOSPITAL OR oddress or loco	tol or institution, give street	MARYLAND	otside city limits, write	RURAL ond give lownship)
3 TOHOUS HOPKIN	12 HOSPITAL	D. STREET ADDRESS (IF	tural, give location)	
BA	LTIMORE	2234 PENROS	SE AVE.	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
F Colore	WIDOWED, DIVORCED (specily)	8-9-99	65	Months Doys Hours Min.
tOA. USUAL OCCUPATION (Give kind of widone during most of working life, even if retired	vork 10 B, KIND OF BUSINESS OR INDUSTR'	Y 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	- Jun 22 /1
JIM FAIR		CHARLOTTE		
15. Was Decoased Ever in U. S. Armed		17. INFORMANT		ADDRESS
(Yos, no or unknown) (II yes, give wor or d	dotes of service) SECURITY NO.	mountaines Care	0.0	
18. 24.65 X H /	SIO CAUSE O	OF DEATH	A	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEAT		0 6	0 0 0	10000000
(This does not meen the mode heart failure, asthenio, etc. It mee	of dying, e.g., DUE TO	Demonstry on	<b>1</b>	
injury or complication which caus	sed death.)			
ANTECEDENT CAUS	DUE TO		~~ **************************	100 hb 1000 (hr: hb hb 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DISEASES OR CONDITIONS, in the lotter of the obove cause (A				
UNDERLYING CONDITION last.	(0,			
z	CONTRIBUTING	0	0	
O THE SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RI DISEASE OR CONDITION CAUSING	ELATED TO THE	mer of bladd	w Keemen	5. 10 ym.
19A. DATE OF OPERATION 19B. CO	ONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes or No	O) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., home, larm, loctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	e City, give exect locotion)
OF INJURY	or) (Hour) 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi			
22. I certify that (1) (1) this head	cal) attended the deceased fram	-116	1965 10 21	20 19 65.
that (1) ( last saw the decea	210			inlan death accurred on the date
	tated above. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE		,		23B. DATE SIGNED
MASC	M.D. At	tending Med.	Stoll Phy s.	2/20/65
23C. PHYSICIAM'S NAME (Type)	0	23 D. ADDRESS		
ROBERT, DARLING	FRASER, SCREIE M.D.	JOHNS HOPKY	Mus Hospi	TAL BOLTIMORIE
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY or CE	REMATORY 24D. L	OCATION (C	ity, town, or county) (State)
Bunul 2/25	1965 artulino Cerl	L.	balto	Mel
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	250 JUNERAL DIRECTO	R	ADDRESS
VS 150-REV. 1/1/65	BLE starleyMA.	-Ouron Will	Leson 10	W/Decently le
49 190-ME 4: 1/1/03		1.4		

Bunch 212211.

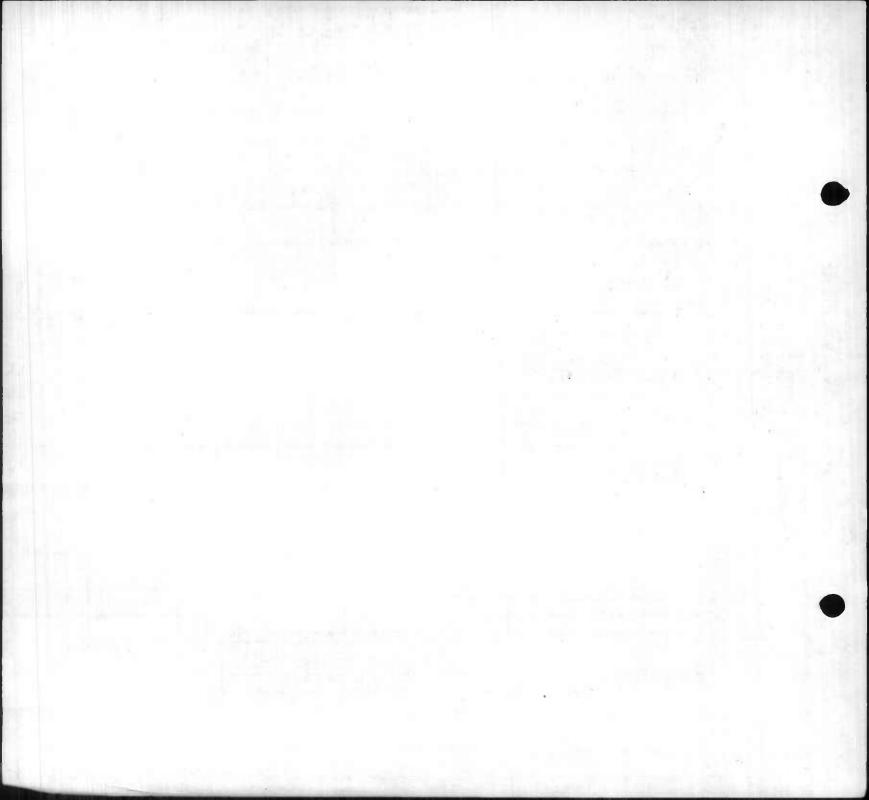
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

?

		BALTIA	MORE CITY	HEALTH DEPARTMENT		CE 9000 1
BIRTH NO.	65 20	09 CERT	TIFICA	TE OF DEATH	Registered Na	65 2009
M.E. CASE NO.	CEASED			2. DATE AN	D HOUR OF DEATH	н
(Type ar Print)	PHILLIPS, J	OHN		2-	18-65	3:55AM
3. PLACE OF DI	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (When	e deceased lived. If	institution: residence before admission)
FULL NAME	OF (If not in hospital	or institution, give street				7-05
HOSPITAL OR				C. CITY OR TOWN (If out	side city limits, write	RURAL and give township)
				BALTIMORE		
) THE JO	HNS HOPKINS	HUSPITAL		D. STREET ADDRESS (If	rurol, give location)	
				1523 EAST M	ADISON STR	EET
5. SEX	6. RACE	7. MARRIED, NEVER MARR			9. AGE (In years last birthday)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Haurs Min.
M	C	MARRIED (S		3-15-19	45	
		k 108, KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State or forei	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
none during most o	warking life even if retired)			-1101		11 21
13. FATHER'S NA	IME CALLUC	4		14. MOTHER'S MAIDEN NAM	ΛE	14-11-
Ka	DIA	11.		1. h		
5. Was Dacansa	Much / Much for de Ever in U. S. Armed Fo	rces? 1 6. SOCIAL		17. INFORMANT	rour	ADDRESS
Yes, no or unknow	vn) (If yes, give war or dat	es of service) SECURITY	111	11 0	0	0 0 0
	110	226-03.		Henritu Jath	1401 Jent	an alley
18. 6 4	0,01		CAUSE OF	00,,,,,		INTERVAL BETWEEN ONSET AND DEATH
DISÉA	ASE OR CONDITION DI LEADING TO DEATH		PIL	MONARY AS	PIRATIO.	N- 24 HPS.
(This does	nal meon the mode of	( A	A) UE TO	VOMITO		
heart failure	, asthenia, etc. It meons	the diseose,				
injury or co	ANTECEDENT CAUSES		8)	PNEUMONI	4-DeBILI	TATION
DISEASES		D	UE TO	· Process v v i 2000 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	OR CONDITIONS, if he above couse (A)		C)			
UNDERLYIN	IG CONDITION last.					
-	11					
	DEATH BUT NOT REL					
DISEASE OF	R CONDITION CAUSING		TION	IZOA ALIYOPEYA IV.	1 208 ts ves	SINDING CONSISTED
19A. DATE 0	65 WAS PER	FORMED 126 CO	n-Hery	ORPU. VOS OF No	IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING	21B PLACE OF IN	LJURY (e.a., in	ar about 21 C. WHERE DID	(If in Boltime	ore City, give exact locotion)
OR CONTRIE	SUTING CAUSE OF		ry, street, af	ice bldg., INJURY OCCUR?	III COMMIC	or arry, give exact toconom
O CLAIM (notif					1	
21D. TIME OF INJURY	(Month) (Doy) (Year)			21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At Work	Not While At Work			
22. I certif	y that <del>(1) (t</del> his hospita	I) attended the deceased	fram	1.4.65	9 65 10	2.18 19.65
that THE we	e) last saw the deceas	ed alive an 2	18		at in (my) (our) as	pinian death accurred an the dat
		ted abave. (+) (We) (did)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
23A. SIGNAT		(74(0))	,	on the body dilet dedins		23 B. DATE SIGNED
X	March	mi		nding Med.	Stoff	2.18.65
23C. PHYSICI	ANS	yure	Phys	3D. ADDRESS	Phys.	, 0 0 3
NAME	(Type) POUS LAS	LOGUE		TOHINS	HOPKI	NS HOSP.
244 8110141 50			M.D.			
24A. BURIAL CR REMOVAL	(Specify) 248. DATE	24C. NAME of CEME	TERT OF CRE	24D. LC	OCATION (	City, town, or county) (State)
Burial	3-1-19	65 rut Cade	emi(	and L	nookel	in mel
25A, DATE REC'	D BY HEALTH DEPT.	258 NAME OF REGISTRAR	1	250 FUNERAL DIRECTOR	1 0	ADDRESS
LER S	2 1200 APPER	C. dousening		Elioy Will	202-1000	Branty au
V\$ 150-REV. 1/1	/65			0.4		/

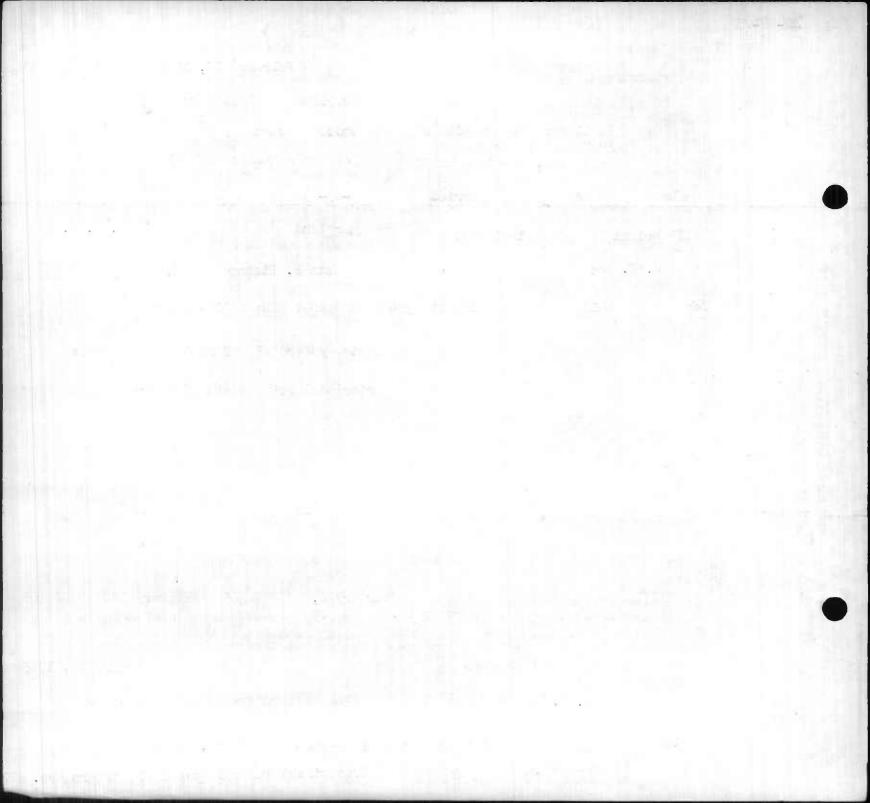


			BALTIMORE CITY H	EALTH DEPARTMENT		65 2010
BIRTH NO.	65 2	010	CERTIFICAT	E OF DEATH	Registered No.	70 743.20
1. NAME OF E	ECEASED	Will	iam ALS		22/65	110 Am.
3. PLACE OF	DEATH IN BALTIMORE, M.	ARYLAND		A. STATE B. COUN		stitution: residence before admission)
FULL NAM HOSPITAL C	R address at lacotin			C. CITY OR TOWN (If out	side city limits, write	RURAL and give township)
2//	ersity Ho	a sital	/	D. STREET ADDRESS:	rurol, give, lacation)	
				900 Ar	gyle Av	ie.
5. SEX	6. RACE	MEVER	MOTTICE (specify)	2/29/44	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	CCUPATION (Give kind of wa of warking life, even if retired)		BUSINESS OR INDUSTRY	Mary Land	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	IAME		14	MOTHERS MAIDEN NAM	AE	
0+	is Dame	eron		Rebecca	Richar	rdson.
15. Was Decea (Yos, no or unkn	sed Ever in U. S. Armed Fa awn) (If yes, give war ar da	orcos? les af service)	SECURITY NO.	2. INFORMANT P. L. F	,8 tov	ADDRESS I WEYER
18.	^ / V		CAUSE OF	DEATH	10 10 1	INTERVAL BETWEEN
DIS	EASE OR CONDITION D		11	1. Viis	Discar	ONSET AND DEATH
(This doe	LEADING TO DEATH s nat mean the mode a		DUE TO	) ag hims	D ISC GX	3 76018
heart foils	re, asthenio, etc. Il meon camplication which cause	s the diseose,				
	ANTECEDENT CAUSE	S	(B)			
11 1	OR CONDITIONS, if					
	the obove cause (A)	sloling the	(C)			a nama <del>) (**</del> **********************************
≧ TO THE	 GNIFICANT CONDITIONS DEATH BUT NOT REL	ATED TO THE				
			HICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACC	DENT WAS UNDERLYING   RIBUTING CAUSE OF of the community medical examines)	218. home	PLACE OF INJURY (e.g., in e. farm, foctory, street, office	or about 21 C. WHERE DID e bldg., INJURY OCCUR?	(If in Baltimare	City, give exect location)
OF INJURY	(Manth) (Day) (Year		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		Whil	le At Not While At Work			
22. I cert	ify that (1) (this hospite	ol) attended th	e deceased from	211	9 65 10	2 12 19 65.
that (I) (	ve) last saw the deceas	ed olive on	2 1 66	19	ot in (my) (our) opi	nion deoth accurred on the date
		ated above (I)	(We) (did) (dld not) vie	w the body after death.		loop maye closure
234 FIGN.	let & Ho	nes, 1	MD M.D. Attend	ling Med. Director	Stoff Phy s.	2 2 2 65
PAM NAM	CIAN'S E (Type)   Robert	Stone	M.D. 23	niversity	Hos pi	tal
24A. BURIAL O	REMATION, 248. DATE	24C. NA	ME of CEMETERY OF CREM	ATORY 24D. LC	OCATION (Ci	ty, tawn, or county) (State)
Burn	AL 2-27-	65 N	IT · Auburr	r (cm. 1	DALTO.	Ma.
25A. DATE RE	C'D BY HEALTH DEPT.	25B. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	1.0	B ADDRESS A
VS 150-REV. 1	7,1965 Robert	2. Jan	TO MIR	15.00	Man 1	000 municy the

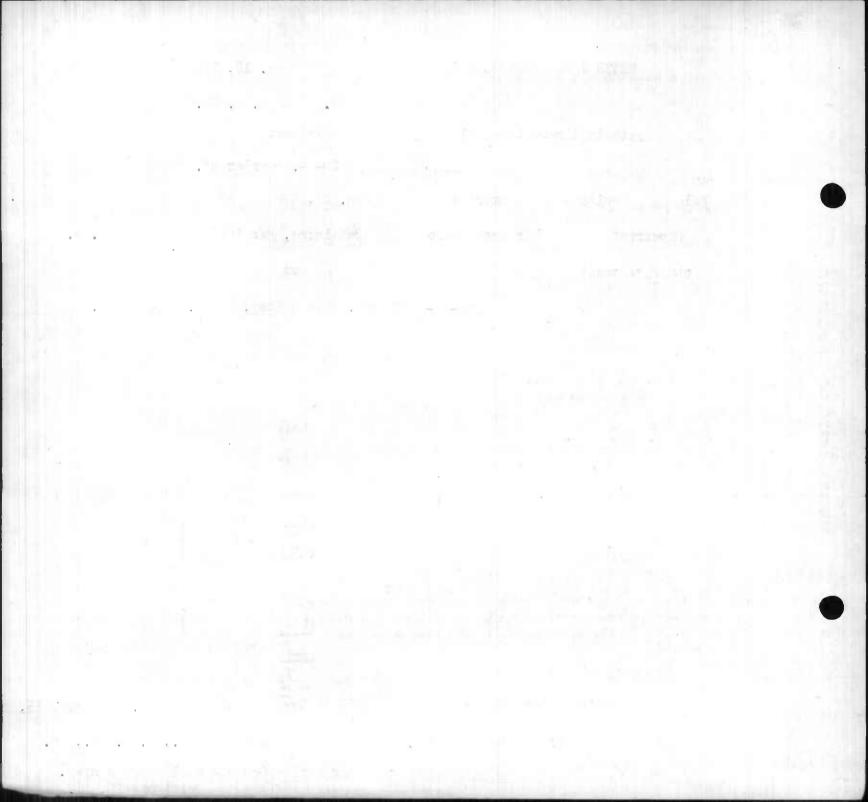


LS;

	H NO.	65 2	011	CERTIFICA			Registered Na.	65 2011
1, N.	AME OF DEC	EASED				2. DATE A	ND HOUR OF DEATH	
Тур	o or Print)	Posey	Noe			Febr	uary 18, 196	5   10:15 AM
	ULL NAME O	OF (If not in hospital		myo street	A. STATE	RESIDENCE (Wh	ore deceased lived. If in	nstitution: rosidonce before odmission)
H	OSPITAL OR	oddross or location	)	gree sileer	C. CITY	OR TOWN (If o	utside city limits, write	RURAL ond give township)
1	431110110N	Baltimore	City F	Hospitals	DOD	Esse	x	53-00
1		4940 East Baltimore		and 21224		Maple Av	rurol, give locotion) enue #21221	
5. S	EX Male	6. RACE	7. MARRIED	, NEVER MARRIED  D, DIVORCED (specify)  Married	8. DATE 0	3-13	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
			108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTH	PLACE (State or for	oign country)	12. CITIZEN OF
		working life, even if retired)	C4 7	144.3.3	Mar	yland		U. S. A.
	Mill Wr		Steel	Mill		IER'S MAIDEN NA	AAF	
	J.	C. Noe			E	sta E. Bi		
15. V (Yes.	Nos Deceosed , no or unknown	Ever in U. S. Armed Ford	s of service)	1 6. SOCIAL SECURITY NO.	17. INFOR	MANT		ADDRESS
Y	es	WWII		235 07 6304	REC	ORDS: BCH	: 4940 Easte	rn Avenue #21224
		SE OR CONDITION DIR	ECTLY	CAUSE O			7,7,40	INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH			Acute	Myocardia	l Infarction	2 Hours
	DISEASES ( iise la th UNDERLYING	ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last.	stating the	DUE TO			c near v bise	ase> 5 Years
CATION	TO THE D	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH		1004			
ERTIF	19A. DATE OF	WAS PERF		WHICH OPERATION	20 A. A	NO NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL	DEATH (notify	NT WAS UNDERLYING DING CAUSE OF modical examiner	211 hor etc	BPLACE OF INJURY (e.g., in me, farm, foctory, street, of .)	fice bldg., I	NJURY OCCUR?	(If in Boltimer	o City, give exect location)
5	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		LINJURY OCCURRED  hile At Not While ork At Work		IF. HOW DID IN	JURY OCCUR?	
	that (1) (we)	last saw the decease d from the causes stat	d alive an	1) (We) (did) (did nat) v	iew the b	65 and t		uary 18, 19 65 nian death accurred an the date 23B DATE SIGNED February 18, 1965
	23C. PHYSICIA NAME (T	Dr. C.		Cooke M.D.	23 <b>D. ADDR</b> 494	o Eastern	Avenue Balt	imore, Maryland
24A.	REMOVAL		24C. N	AME of CEMETERY OF CRE	MATORY	24D.	LOCATION (C	ity, town, or county) (State)
	Burial	2/22/6	5 Ba 25B. NAME	ltimore Nation	nal Ce	metery Ba	ltimore, Mar	yland Address
F	EB 23	1965 R.O. B	C.Fa.	Ocen M.a	Bruz	dzinski F	ineral Hama	1407 Eastern Ave.
VS 1	50-REV. 1/1/		- Will	and New York Control of the Control	-			ray rastern ave.



.01.0
before admissi
001010 001111331
wnship)
10
If Under 24 h
If Under 24 I lours Min.
NTRY?
S.
J.
S
L BETWEEN
2 /
1485-
********
411
w
<b>DARRES DO COSTO O COS</b>
1
0
ERED
PERED
PERED acation)
acatian)
acalian)
acalian)
acalian)
19 (7)
acatian)
19 (7)
19 (7)
19 (3)
19 (3) rred on the common to t
19 (3)
19 (State
19 (State
19 19 19 19 19 19 19 19 19 19 19 19 19 1
19 (State



death occurred in a hospital and to contributing cause of death Undetermined cause; (5) Deceased made. regular deceased disposition = SID the direct 4 IMPORTANT eath LO kind; final attendance any pronounced 0 Also, embalmed of fracture examiner **DIRECTOR:** examiner. regular ho are 4 <u>ල</u> physician before the remains chief medical Was medical burns; FUNERAL physician Body the 0 by the (2) where to the hospital ŝ nature; obtained 9 approved (except and any pe of death) hospital the body was released must accident must 0 approval 0 prior at An O.A. deceased

shows:

Was

VS 150-REV. 1/1/65

Such

eath.

0

0

prior

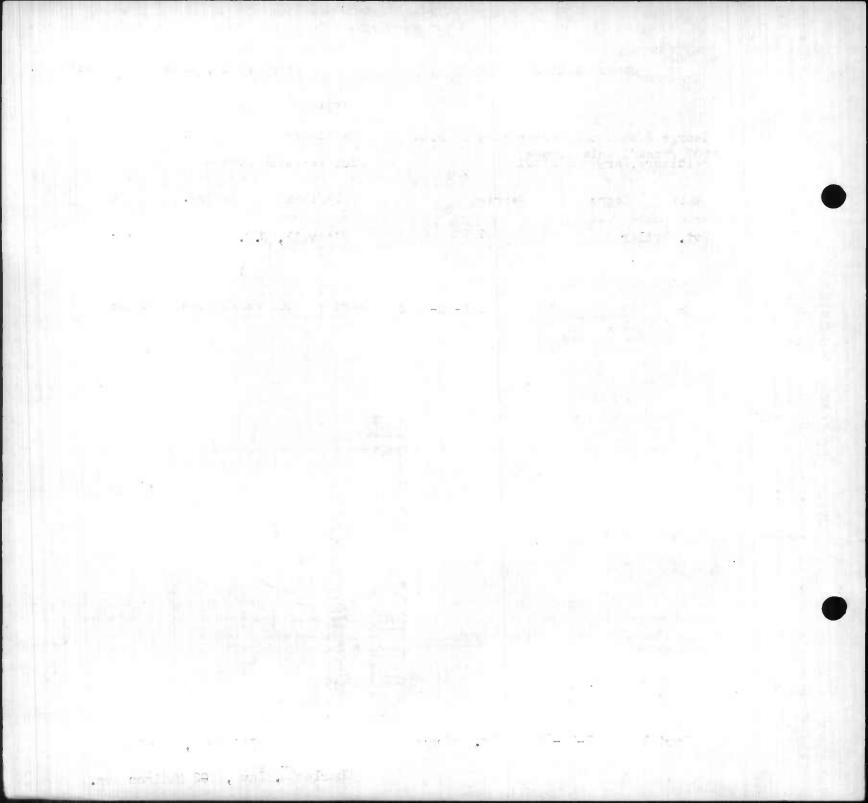
NO

ance

attend

BALTIMORE CITY HEALTH DEPARTMENT 2013 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. OATE AND HOUR OF DEATH (Type or Print) February 19, 1965 2:10 James Hawkins 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before edmission)
A. STATE
B. COUNTY 3. PLACE OF CEATH IN BALTIMORE MARYLAND Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN RURAL and give township) (Il outside city limits, white INSTITUTION George Washington Carver Nursing Home Baltimore D. STREET ADDRESS (If rural, give location) 607 Pennsylvania Avenue Baltimore, Maryland 21201 3505 Fairview Avenue MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 5. SEX 6. RACE If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) 2/14/1881 84 Yrs. 5 Negro 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. Kittvell N.C Pvt. Butler 15. Was Deceased Ever in U. S. Armed Forcas 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (II yes, give wer or dotes of service) SECURITY NO. 607 Pennsylvania Avenue Chart # 212-32-1062 No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, to the above couse (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? Yes or No! 19A. DATE OF OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF CEATH? 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (o.g., in or obout 21 C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (II in Baltimore City, give exact location) OR CONTRIBUTING \_ CAUSE OF MEDICAL DEATH (notify medical examiner) (Month) (Doy) (Yeor) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased that (1) (we) last saw the deceased alive an and that In (my) (aur) apinion death occurred on the date and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 238 DATE SIGNED Attending Phys. Stoff M.O. Med. Director \_\_\_ 23C. PHYSICIAN'S 230. AOORESS NAME IType 24A. BURIAL CREMATION, 248. OATE CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial Mt. Auburn Baltimore 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL OIRECTOR

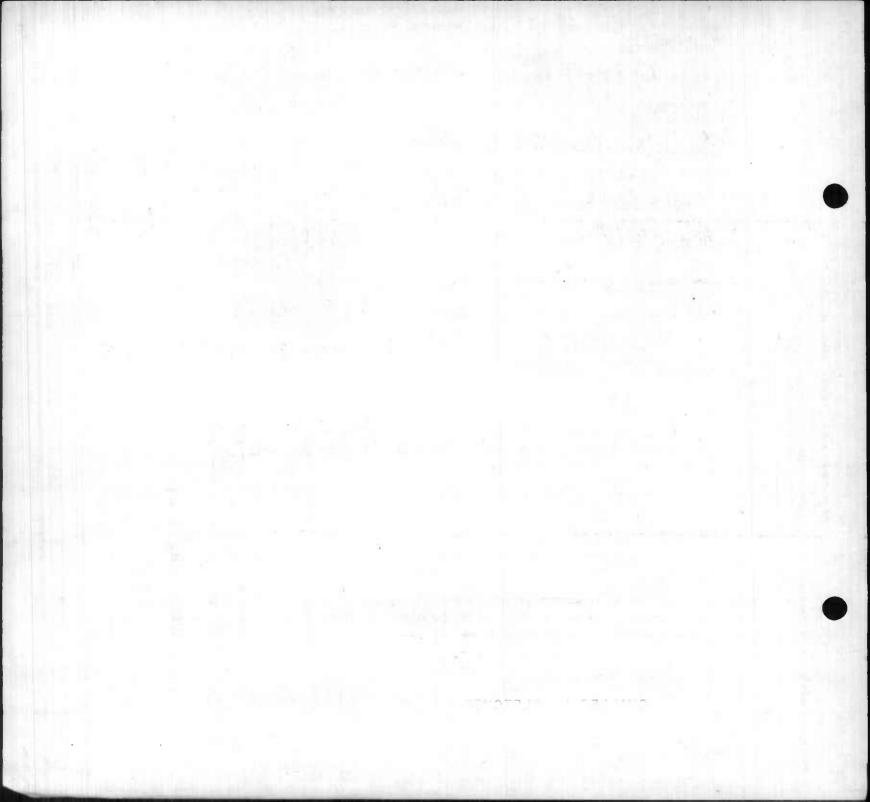
Law . 802 Madison Ave.



## FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	05 0014	BALTIMORE CITY	HEALTH DEPARTMENT	X	65 2014	
M. E	rh no. 65 2014 e case no.	CERTIFICA	TE OF DEATH	Registered Na	70 1014	
	DE OF DECEASED	C.1 +	2. DATE	ND HOUR OF DEATH	1 . 01	
3. f	PLACE OF DEATH IN BALTIMORE, MARYLAND	Ochral	4. USUAL RESIDENCE (Wh.	ere deceased lived. If inst	S 8,05 AM.  litution: residence before odmission)	
	FULL NAME OF (If not in hospital ar institution	an arva street	Marylan	d	Malto	
F	HOSPITAL OR address or location)	un, give sireei	C. CITY OR TOWN (If a	utside city limits, write RU	JRAL and give township)	
1		Harpital.	Bultim	ore	5300	
12	Union Memorial	Masgrica	D. STREET ADDRESS	rural, give lacation)	1. Park	
			180x 14 Ja	nrise 17	aileriark	
5. S		WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.	
103	USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or lan	and sources	12. CITIZEN OF	
lon	e during most of working life, even if retired)	'/	NA 1	y and a second	WHAT COUNTRY?	
1		usewife	Marylan	d	United States	
3.	FATHERS NAME		14. MOTHER'S MAIDEN NA	IME 7		
-	Jesse Biddisor	^	Annie	Lang		
	Was Deceased Ever in U. S. Armed Forces? s, na or unknown) (If yes, give wor or dotes of service	SECURITY NO.	17. INFORMANT	HI Q	ADDRESS	
	No	None	Max E Schra	athe	Samo	
	18. 4 20, / 1	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pull	11100000 111	1 Van P. Assa	0 1 1 1 10	
	(This does not mean the made at dying, e.g.,					
	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)					
	ANTECEDENT CAUSES	(B)				
	DISEASES OR CONDITIONS, if any, giving					
	rise to the above cause (A) stating UNDERLYING CONDITION last.	The (C)	1 acmicular 1	voltaver,	CICUIT	
	II	(3-	1 merks &	(01)		
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBU		. [ [] [] []			
AT	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes at N	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?	
CERI	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or about 21C, WHERE DID	(If in Boltimore	City, give exact location)	
AL	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	ar in volunioie	any, give exact locations	
U		21E INJURY OCCURRED	21F. HOW DID IN	THRY OCCUP?		
MEDI	OF INJURY (APPROX.)	While At Not While		JORT OCCOR.		
		Wark At Work		1,- +	19 /JE	
	22. I certify that (I) (this hospital) attended the deceased from San 24 19 (5 to Feb 17 19 (65,					
	that (I) (we) last saw the deceased alive a				Ian death accurred on the date	
	and hour and fram the causes stated above	». (I) (WE) (did) (did not) v	iew the bady after death.			
	San John J. H. H.	Tala a M.D. Atte	nding Med.	Stoff []	T 19 19 1915	
	23C. PHYSICIAN'S	Phys	Director	Phys.	Teb 11, 170	
	NAME (Type)		23D. ADDRESS	1/1/		
24.6		CHER M.D.	Union/Jem	orial Mc	Spilal	
E 44 JA	REMOVAL (Specify) 24B. DATE 240	C. NAME of CEMETERY OF CRE		LOCATION (City	, to n, or county) (State)	
15.0	Burial 2-22-1965 I	Parkwood Cemeter		ltimore Co.		
AC	FEB 2.3 1965 A D B 9	A CONTRACTOR	25C. FUNERAL DIRECTO	R	ADDRESS 34	
/5	150-REV. 1/1/65	Marie III	Lassohne	turned Hom	e7401 Bolow Rocal	
-						

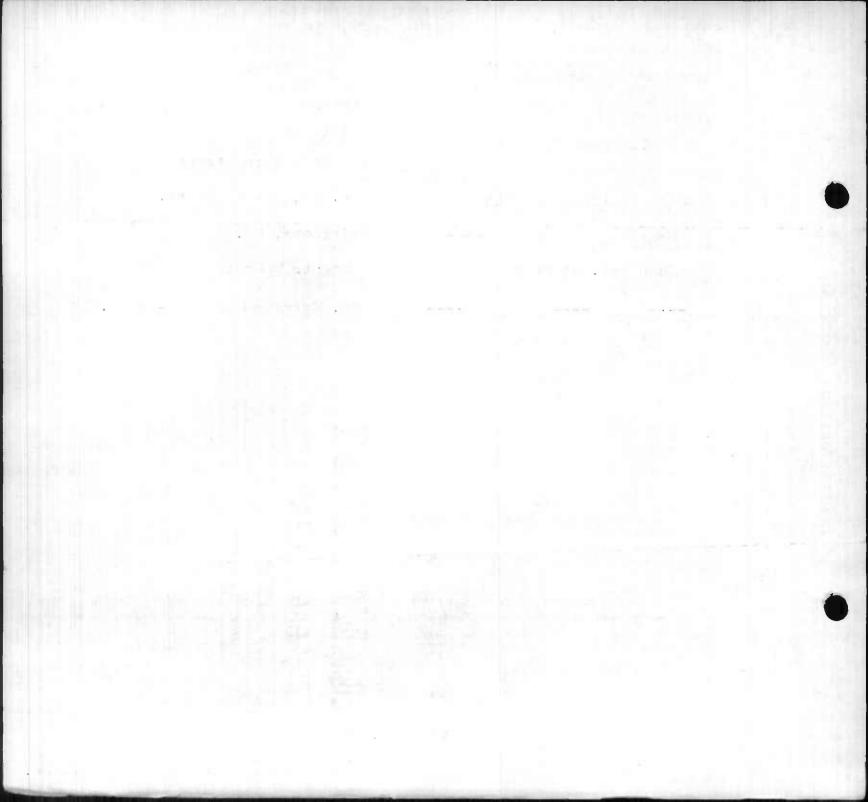


FUNERAL DIRECTOR: IMPORTANT	V
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	3
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	)
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	1
written approval must be obtained before the remains are embalmed or final disposition is made.	

BIRTH NO. 65 2015			F.E. 001-			
TO CULL	CERTIFICA	ATE OF DEATH Registe	red No. 65 2015			
M.E. CASE NO.		2. DATE AND HOUR OF	DEATH			
Type or Print)	ALICE MONICA	2-19-65	10.45			
SLAVOTINEK, ALICE MONICA		4. USUAL RESIDENCE (Where deceased li	ived. If institutions residence before admission)			
		A. STATE B. COUNTY	r n Rt			
FULL NAME OF (If not in hospital or oddress or location)	r institution, give street	MARYLAND, ELKRIDGE  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  ELKRIDGE  D. STREET ADDRESS (If rurol, give location)				
	HOSPITAL					
CATON & WI	ILKENS AVE.					
BALTIMORE	29, MD.	6103 WASHINGTON BLVD.				
5. SEX 6. RACE 17. MARRIED. NEVER MARRIED						
FEMALE WHITE	DYBURCED (specify)	10-9-25   los 3 9 hdoy)	Months Doys Hours Min,			
OA, USUAL OCCUPATION (Give kind of work)	BALTO TRANSFORM	ERTHPLACE (State or foleign country)	12. CITIZEN OF WHAT COUNTRY?			
ASSEMBLER	AND COIL CO.	MARYLAND	USA			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
ANTHONY TO STATE		YANDA, MARY				
5. Was Deceased Ever in U. S. Armed Force	es? 16. SOCIAL	17. INFORMANT	ADDRESS			
Yes, pe or unknown) (II yes, give wor or dotes	of service) SECURITY NO.					
No	214-20-5501		RECORDS, BALTO, MD.			
18. 194 X I	CAUSE	OF DEATH	ONSET AND DEATH			
DISEASE OR CONDITION DIRE	ECTLY	- 12 20 0				
(This does not mean the made of	dving as	may co	_ 0/			
heart failure, asthenia, etc. It means	the disease,	second Co				
injury ar complication which caused	death.)	Heren				
ANTECEDENT CAUSES  (B)  OUE FO						
	DUE 40	<b>T</b> 0 <b>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</b>				
DISEASES OR CONDITIONS, if a		The a second a second as a second a sec				
DISEASES OR CONDITIONS, if a rise to the above cause (A)						
DISEASES OR CONDITIONS, if a tise to the above cause (A) UNDERLYING CONDITION last.	Stating the (C)					
DISEASES OR CONDITIONS, if a tise to the above cause (A) UNDERLYING CONDITION last.	Stating the (C) ONTRIBUTING TED TO THE					
DISEASES OR CONDITIONS, if a tise to the above cause (A) UNDERLYING CONDITION tast.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT	ONTRIBUTING TED TO THE	20A. AUTOPSY? (Yes or No) 20B. IF YE	S, WERE FINDINGS CONSIDERED			
DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION tast.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT	ONTRIBUTING TED TO THE	20A. AUTOPSY? (Yes or No) 20B. IF YE IN CERTIF	S. WERE FINDINGS CONSIDERED TING CAUSES OF DEATH?			
DISEASES OR CONDITIONS, if a rise la the abave cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONDITIONS OF THE CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONDITIONS OF THE COND	ONTRIBUTING FED TO THE  OTHON FOR WHICH OPERATION ORMED	NO IN CERTIF	S. WERE FINDINGS CONSIDERED WING CAUSES OF DEATH?			
DISEASES OR CONDITIONS, if a tise to the abave cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONDITIONS CAUSE OF DEATH (notify medical exominet)	ONTRIBUTING FED TO THE  OTHON FOR WHICH OPERATION ORMED	NO IN CERTIF	YING CAUSES OF DEATH?			
DISEASES OR CONDITIONS, if a rise to the abave cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTINUES OF CONDITIONS CONTINUES OF CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONDITIONS OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE	ONTRIBUTING FED TO THE  DITION FOR WHICH OPERATION ORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	NO IN CERTIF	MNG CAUSES OF DEATH?  Boltimore City, give exact location)			
DISEASES OR CONDITIONS, if a rise to the abave cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONDITI	ONTRIBUTING FED TO THE  OTHON FOR WHICH OPERATION ORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED	NO IN CERTIF	MNG CAUSES OF DEATH?  Boltimore City, give exact location)			
DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONDITI	ONTRIBUTING TED TO THE  21B. PLACE OF INJURY (e.g., home. form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not Will Work At Work	NO IN CERTIF.  In or obout 21C, WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR	MNG CAUSES OF DEATH?  Boltimore City, give exact location)			
DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTINUED TO THE DEATH BUT NOT RELATED TO THE DEATH SUPPLY OF OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year)  (APPROX.)	ONTRIBUTING FED TO THE  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Will Work At Work	NO IN CERTIFY  in or obout 21C, WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR  iile DECEMBER 30 1964 to	MNG CAUSES OF DEATH?  Boltimore City, give exact location)			
DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION tast.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTINUED TO THE DEATH BUT NOT RELATED TO THE DEATH STATED TO THE CONTINUED TO THE CONTINUED TO THE CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital)	ONTRIBUTING FED TO THE  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Will Work At Work	NO IN CERTIFY  in or obout 21C, WHERE DID office bldg, INJURY OCCUR?  21F. HOW DID INJURY OCCUR  DECEMBER 30 1964 to	FEBRUARY 19			
DISEASES OR CONDITIONS, if a rise to the abave cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONDITI	ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Will Work  At Work  attended the deceased fram  d alive an FEBRUARY 1	NO IN CERTIF.  In or obout 21C, WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR  21F. HOW DID INJURY OCCUR  DECEMBER 30 1964 to	**REBRUARY 19			
DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTINUED TO THE DEATH BUT NOT RELATED TO THE DEATH STATED TO THE CONDITION CAUSING IT 194. DATE CONTINUED TO THE CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Doy) (Year)  21 D. TIME (Month) (Doy) (Year)  11 D. TIME (Month) (Doy) (Year)  12 L. I certify that (I) (this haspital) that (I) (we) last saw the deceased and hour and from the causes stated	ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Will Work  At Work  attended the deceased fram  d alive an FEBRUARY 1	NO IN CERTIF.  In or obout 21C, WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR  21F. HOW DID INJURY OCCUR  DECEMBER 30 1964 to	FEBRUARY 19 1965			
DISEASES OR CONDITIONS, if a rise to the abave cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONDITI	ONTRIBUTING FED TO THE DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Will Work  At Wool attended the deceased fram dece	NO IN CERTIF.  NO In or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR	FEBRUARY 19 1965  aur) aplnian death accurred an the date			
DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION tast.  OTHER SIGNIFICANT CONDITIONS CONDITION TO THE DEATH BUT NOT RELATED TO THE DEATH SUT NOT RELATED TO THE DEATH (NOTIFIED TO THE DEATH (NOTIFIED TO THE NOTIFIED TO THE N	DNTRIBUTING FED TO THE DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not Will At Work  At word  attended the deceased fram	NO  IN CERTIFY  In or obout 21C, WHERE DID  office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR  21F. HOW DID INJURY OCCUR  DECEMBER 30 19 64 to  19 65 and that in(my) (  view the bady after death.	FEBRUARY 19 1965			
DISEASES OR CONDITIONS, if a rise to the abave cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTINUED TO THE DEATH BUT NOT RELATED IN THE DISEASE OR CONDITION CAUSING IT DISEASE OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21.D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) that (I) (we) last saw the deceased and haur and from the causes state 23A. SIGNATURE	DNTRIBUTING FED TO THE  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not Will At Work  At work  attended the deceased fram deceased fra	NO  IN CERTIF.  In or obout 21C, WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR  21F. HOW DID INJURY OCCUR  DECEMBER 30 1964 to  1965 and that in(my) (  view the bady after death.  Itending Med. Stoff Phys.  23D. ADDRESS	FEBRUARY 19 1965  aur) apinian death accurred an the date  23B. DATE SIGNED  2-19-65			
DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONDITION TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE OF OPERATION 198. CONDITION CAUSING IT 194. DATE OF OPERATION CAUSING IT 194. DATE OF OPERATION 198. CONDITION (AS PERFORM OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21.D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) that (I) (we) last saw the deceased and haur and from the causes state 23.A. SIGNATURE	DNTRIBUTING FED TO THE  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not Will At Work  At work  attended the deceased fram deceased fra	NO  IN CERTIF.  In or obout 21C, WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR  21F. HOW DID INJURY OCCUR  DECEMBER 30 1964 to  1965 and that in(my) (  view the bady after death.  Itending Med. Stoff Phys.  23D. ADDRESS	FEBRUARY 19 1965  aur) aplnian death accurred an the date			
DISEASES OR CONDITIONS, if a rise la the abave cause (A) UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT DISEASE OR CONDITION CAUSING IT 199A. DATE OF OPERATION 198. CONDITIONS CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) that (I) (we) last saw the deceased and haur and fram the causes state 23A. SIGNATURE  23E-PHYSICIAN'S NAME (Type)  ALBERTO FOLGUERA  24A. BURIAL CREMATION, 24B. DATE	DNTRIBUTING FED TO THE  DITION FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not Will At Work  At work  attended the deceased fram deceased fra	NO  In CERTIFION  In or obout 21C, WHERE DID  office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR  21F. HOW DID INJURY OCCUR  DECEMBER 30  19 65  and that in(my) (  view the bady after death.  Hending Med. Stoff  Phys. Phys.  23D. ADDRESS  ST. AGNES HOSPITAL, E	FEBRUARY 19 1965  aur) apinian death accurred an the date  23B. DATE SIGNED  2-19-65			
DISEASES OR CONDITIONS, if a rise la the abave cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.)  21A. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH (notily medical examiner)  21A. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH (notily medical examiner)	ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION  ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not WI Work  At Work	NO  In CERTIFION  In or obout 21C, WHERE DID  office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR  21F. HOW DID INJURY OCCUR  DECEMBER 30  19 65  and that in(my) (  view the bady after death.  Hending Med. Stoff Phys.  23D. ADDRESS  ST. AGNES HOSPITAL, E  REMATORY  24D. LOCATION	FEBRUARY 19  [23 B. DATE SIGNED  2-19-65  BALTO. 29, MD.  (City, town, or county)  (Stote)			
DISEASES OR CONDITIONS, if a rise la the abave cause (A) UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT DISEASE OR CONDITION CAUSING IT 1994. DATE OF OPERATION 1986. CONDITIONS CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21.A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21.D. TIME (Month) (Doy) (Year)  OF INJURY (APPROX.)  22. I certify that (I) (this haspital) that (I) (we) last saw the deceased and haur and fram the causes state 23A. SIGNATURE  23E-PHYSICIAN'S NAME (Type)  ALBERTO FOLGUERA  24A. BURIAL CREMATION, 24B. DATE	ONTRIBUTING PED TO THE  OTHON FOR WHICH OPERATION ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not Will At Work  Outlended the deceased fram decease	NO  IN CERTIFIED I	FEBRUARY 19 1965  aur) apinian death accurred an the date  238, DATE SIGNED  2-19-65  BALTO. 29, MD.			
DISEASES OR CONDITIONS, if a rise la the abave cause (A) UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT DISEASE OR CONDITION CAUSING IT 1994. DATE OF OPERATION 1986. CONDITIONS CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21.A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21.D. TIME (Month) (Doy) (Year)  OF INJURY (APPROX.)  22. I certify that (I) (this haspital) that (I) (we) last saw the deceased and haur and fram the causes state 23A. SIGNATURE  23E-PHYSICIAN'S NAME (Type)  ALBERTO FOLGUERA  24A. BURIAL CREMATION, 24B. DATE	ONTRIBUTING TED TO THE  DITION FOR WHICH OPERATION  ORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not WI Work  At Work	NO  In CERTIFION  In or obout 21C, WHERE DID  office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR  21F. HOW DID INJURY OCCUR  DECEMBER 30  19 65  and that in(my) (  view the bady after death.  Hending Med. Stoff Phys.  23D. ADDRESS  ST. AGNES HOSPITAL, E  REMATORY  24D. LOCATION	FEBRUARY 19  238. DATE SIGNED  2-19-65  BALTO. 29, MD.  (City, town, or county)  (Stote)  AGWARD MARIJAND			

ALTERNATION OF STREET OHA PA 

00000	BALTIMORE CITY HEALTH DEPARTMENT 65 2016				
BIRTH NO. 65 2016 M.E. CASE NO.	CERTIFICATE OF DEATH Registered No.				
I. NAME OF DECEASED (Type or Print)  AGNES MARY O'BR					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give st HOSPITAL OR oddress or location)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY  Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
706 East 23rd Street	Baltimore				
	706 East 23rd Street				
5. SEX 6. RACE 7. MARRIED, NEVE WIDOWED, DIV. Female White Singl. 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN	ORCED (specify)   Months Doys Hours Min.				
done during most of working life, even if retired)  None	NESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Baltimore, Md.  14. MOTHER'S MAIDEN NAME				
John Pat. O'Brien	Maggie McCourt				
15. Was Deceased Ever in U. S. Armed Forces? 16. 50	OCIAL 17. INFORMANT ADDRESS				
	Mrs. Katerine Bennett-706 E.23r				
18. O   O   DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH				
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO				
ANTECEDENT CAUSES (B)					
DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stating the UNDERLYING CONDITION lost.	(c)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF home, form	E OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) n, factory, street, office bldg., INJURY OCCUR?				
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.) While AI Not While At Work At Work					
22. I certify that (I) (this hospital) attended the deceased from February 19 52 to Feb 19 1965, that (I) (we) last saw the deceased alive an February 18 1965 and that in (my) (sw) apinion death accurred an the date					
and haur and from the causes stated abave. (1) (We) (did not) view the bady after death.					
Kolvert E. May	M.D. Attending Med. Director Phys. 2/20/65				
23C. PHYSICIAN'S NAME (TYP)  KOBERT E. MA	AY M.D. 5662 THE ALAMEDA MD				
REMOVAL (Specify)	edfal Cem . (City, town, or county) (Stote)				
FEB 2 3 1965 Plub E. Falkum.	A TOTAL POLICE OF THE PROPERTY				
VS 150-REV. 1/1/65					



FEB 2 3 1965 UC

VS 150-REV. 1/1/65

258 NAME OF REGISTRAR

Such

prior to death.

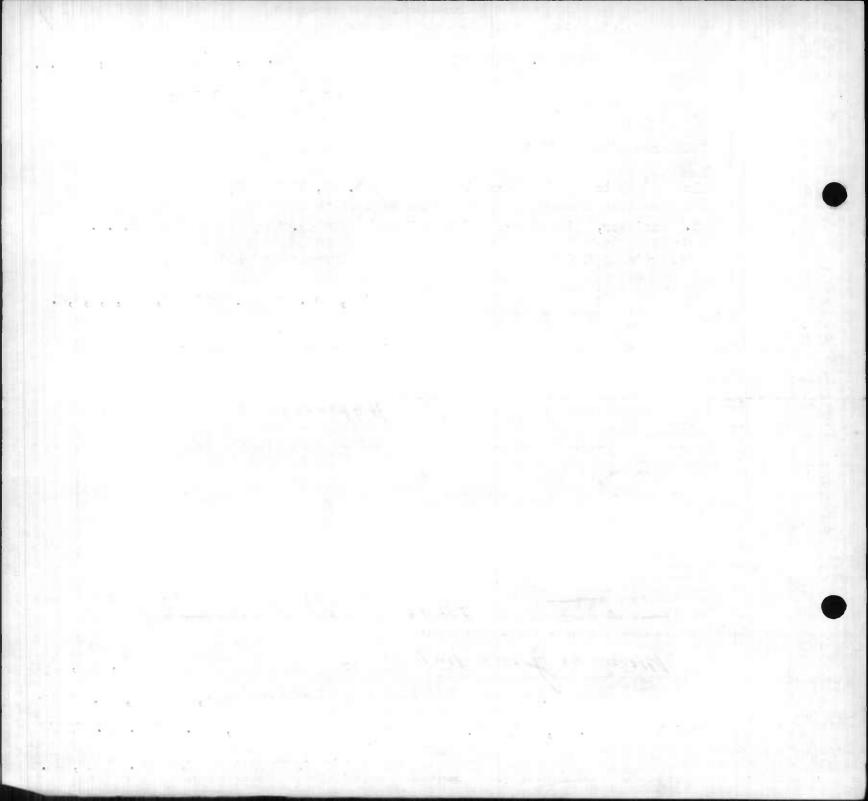
	BALTIMORE CITY HEALTH DEPARTMENT						
1	IRTH NO. 65 2017 CERTIFICATE OF DEATH Registered No. 65 2017						
	Type or Print)  PETER F. LUBINSKI			Feb. 20, 1965 2:45 A.M.			
FL	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)  Baltimore City Hospital		A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE 8. COUNTY Maryland Baltimore  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Dundalk  D. STREET ADDRESS (If rural, give location)  918 Grove Avenue 21222				
/ E							
5. SE Me	x ale	6. RACE White	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH Feb. 25, 1889	9. AGE (In years lost rhighday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
done	A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired) Ret. Engineer, Baltimore & Ohio Railros				12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. F	Martin Lubinski		14. MOTHERS MAIDEN N Suzanna Ka				
15. W (Yes,	15. Wes Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dates of service) NO NO NO			Wife, Mrs. Ros	se A. Lubinsk	ADDRESS	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the made of dying, e.g., heart failure, asthenio, etc. II means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stating the UNDERLYING CONDITION lost.		RONERY Diebotes Hypertens	Occiusion	INTERVAL BETWEEN ONSET AND DEATH 15 mounts 104 ears		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact locohon)							
CAL	OR CONTRIBUTING CAUSE OF hame, form, foctory, street, affice bldg., INJURY OCCUR?						
<b>&gt;</b>	OF INJURY (APPROX.)  While At  Not While  At Work						
2	and haur and	d from the causes s  URE  Morris  Ars	tated above. (	7 et 19  1) (We) (did) (did not) v  2	19 6 5 and riew the bady after death		iniun death accurred on the da 238, DATE SIGNED Feb. 21, 1965
0.4	NAME (T	MORRIS	A. JACOB	S M.D.	1010 North Po		ndalk, Md. 21222
24A.	REMOVAL (BUTIAL	Specify) Feb. 2		st. Stanislau			Balto • Md • 21224

25C. FUNERAL DIRECTOR

JOHN J. DUDA

ADDRESS

7922 Wise Ave. 21222, Md.



prior

eceased

25A. DATE REC'D BY HEALTH DEPT

VS 150-REV. 1/1/65

258. NAME OF REGISTRAR

t o

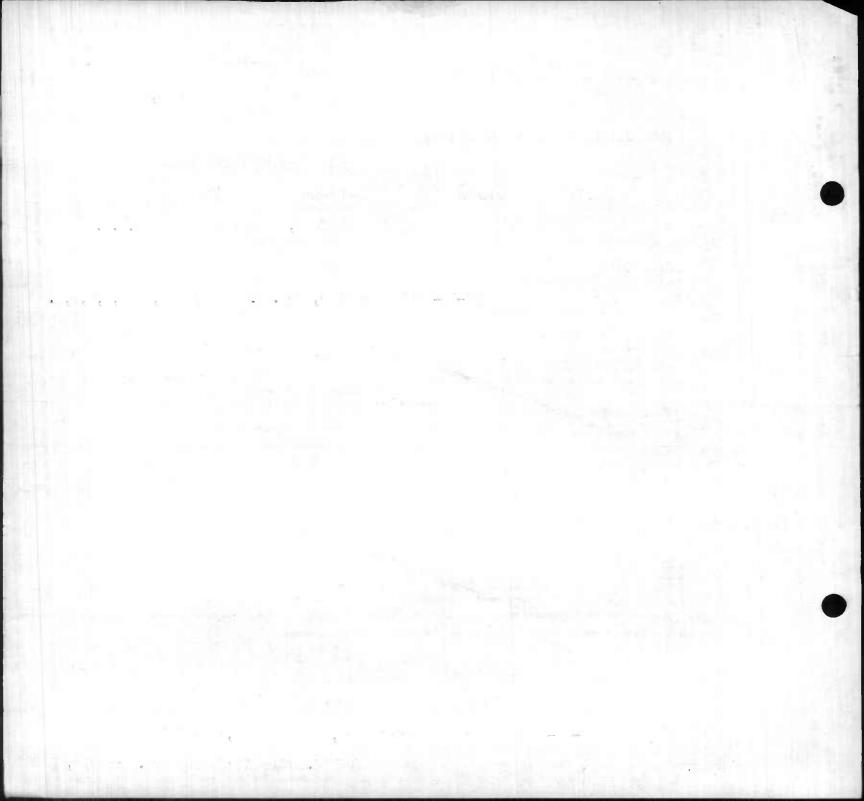
O.A.

Ö SDM

... Y HEALTH DEPARTMENT Registered No. 65 CERTIFICATE OF DEATH RIPTH NO M.E. CASE NO. 2. DATE AND HOUR OF DEATH I NAME OF DECEASED (Type or Print) 2-19-65 MAMIE KING 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY BALTIMORE. MARYI AND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location C CITY OF TOWN (If outside city limits, write RURAL and give township) INSTITUTION DUNDALK BALTIMORE THE JOHNS HOPKINS HOSPITAL STREET ADDRESS 7300 MANCHESTER ROAD 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In veors If Under 1 Yr. If Under 24 Hrs. S. SEX Hours ost birthdoy WIDOWED. DIVORCED (specify) Months Dovs 2-17-94 WIDOR FEMALE 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Radford. Virginia U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MARY MURPHY JOHN CROY 15. Was Deceased Ever in U. S. Armed Faices? 17. INFORMANT ADDRESS 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give wor or dotes of service) Daughter, Mrs. Rachel Kinsey. # No No 4,a,b,c,d. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disease. injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined etc.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work 1965 22. I certify that (1) (this haspital) attended the deceased from... 65 ... and that in (my) (our) opinion death occurred on the date 2/19 19 that (1)/(we) lost saw the deceased alive on.. and hour and from the causes stated above. ((i) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B, DATE SIGNED Attending M.D. Med. Phys. approval 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, BURTAT. Sherwood Burial Park. Salem, Virginia

2SC. FUNERAL DIRECTOR

JOHN J. DUDA 7922 Wise Ave. Dundalk, 21222



Such

death.

on the

BAL	TI.	MC	RE	CIT	Υ	HE	AL	TH	DE	PA	RT	MI	EN	T
				-				-		_				

		BALTIMORE CITY	HEALTH DEPARTMENT		0030
BIR	H No. 65 2019	CERTIFICA	TE OF DEATH	Registered No.	55 2019
	L CASE NO.	CERTITION			
	AME OF DECEASED	1-	2. DATE ANI	D HOUR OF DEATH	4
	De of Print Harold G. Mai	Kinnen		uary-20-19	
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE 8. CDUNT	deceosed lived. If Inst	titutian: residence belare admission)
	FULL NAME DF (If not in hospital or institution	, give street	Maryland	Baltimore	
	HDSPITAL DR address or lacotion) NSTITUTION		C. CITY OR TOWN (If outs	side city limits, write RL	JRAL and give township)
	/				211, Dundalk
19	BON SECOURS HOSPITAL			ural, give location)	
Ĺ			2811 mc		- 53-00
5. 9		D. NEVER MARRIED ED, DIVORCED (specily)	8. DATE OF BIRTH  11 /16 /1896	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
don	e during most of working life, even if retired, Wm.	Hooper & Sons	Massachus	elle	USA.
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAM		
	Duncan Mac Kinno	<i>&gt;</i> >	Hannah	Gillis	
15.	Was Deceased Ever in U. S. Armed Farces? s,na ar unknawn)(If yes, give wor or dates of service	16. SOCIAL	17. INFORMANT		ADDRESS
110	No No		Wife, Mrs. Jess	ie Mac Kinno	n, # 4,a,b,c,d.
	18. 722.01	CALLET	- D. A. T. I.		INTERVAL BETWEEN
-	DISEASE OR CONDITION DIRECTLY	Mul	tiple jejeunal	zucerations	ONSET AND DEATH
	LEADING TO DEATH	(A) a:	tiple rejeanal	: Coletus	1-2 yrs (?)
	(This does not mean the mode of dying, e., heart failure, asthenia, etc. It means the diseas injury or complication which coused death.)	.,	teraid Therape		12 ym
	ANTECEDENT CAUSES	(8) DUE TO			
	DISEASES OR CONDITIONS, if any, givin rise to the above couse (A) stating the	9 · F	heumatord Core	Fretus	18 yes.
	UNDERLYING CONDITION lost.				
TION	DTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO		claset a CV + R.	Disers	
SA	DISEASE OR CONDITION CAUSING IT.	WHICH OPERATION	20A. AUTOPSY? (Yes ar Na)	208. IF YES, WERE FI	NDINGS CONSIDERED
ERTIFI	WAS PERFORMED		4 20	IN CERTIFYING CAU	SES OF DEATH?
CAL CE	21A. A CCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	B. PLACE OF INJURY (e.g., in arme, form, factory, street, of ic.)	or about 21C. WHERE DID		City, give exact location)
MEDIC		E INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
2	(APPROX)	Vhile At Not While Vark At Wark	e _		
	22. I certify that (I) (this hospital) attended			9 to 2	120 1960
	that (1) (we) lost sow the deceased alive on	2 / 20	1		ion death occurred on the dat
	and hour and fram the couses stated above.			,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	23A. SIGNATURE		/		23B, DATE SIGNED
	Tester a Vall &	M.D. Atte	med. Director	Staff Phys.	2/20/62
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	) Ny K	5-04

23D. ADDRESS aug DX Bretomore , my

039 Dx 6

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

(City, tawn, or county)

24A. BURIAL CREMATION, REMOVAL (Specify) Fob-2 Belair Memorial Gardens 258. NAME OF REGISTRAR

A. WALL

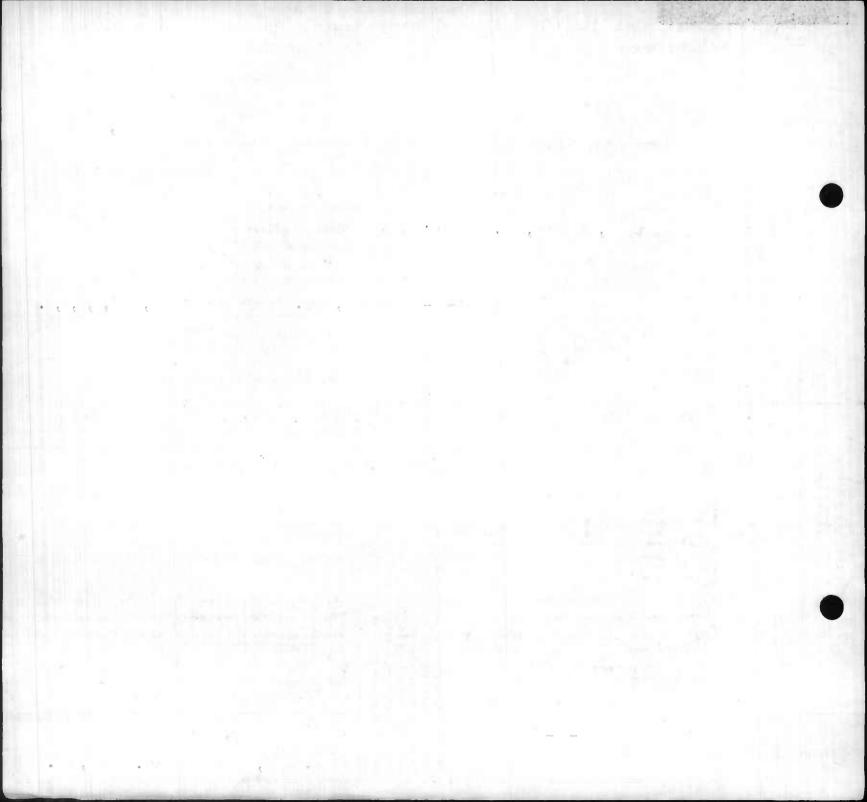
Belair, Maryland

JOHN J. DUDA, 7922 Wise Ave. 21222, Md.

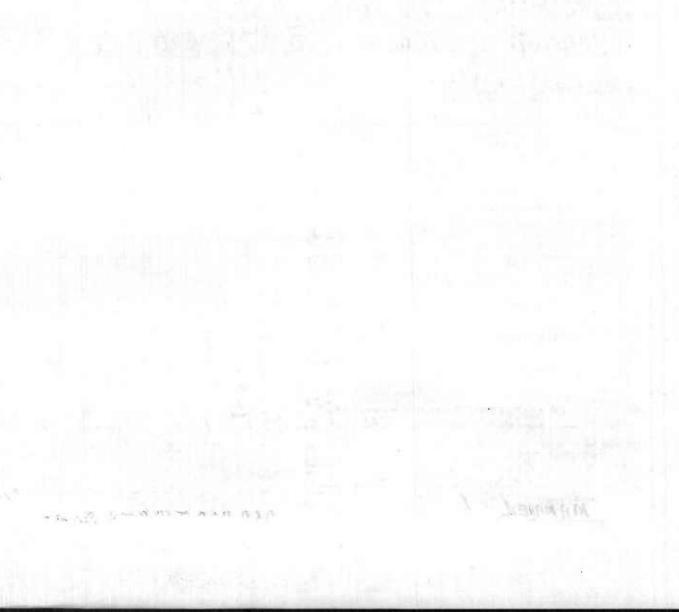
VS 150-REV. 1/1/65

LESTER

25A. DATE REC'D BY HEALTH DEPT.

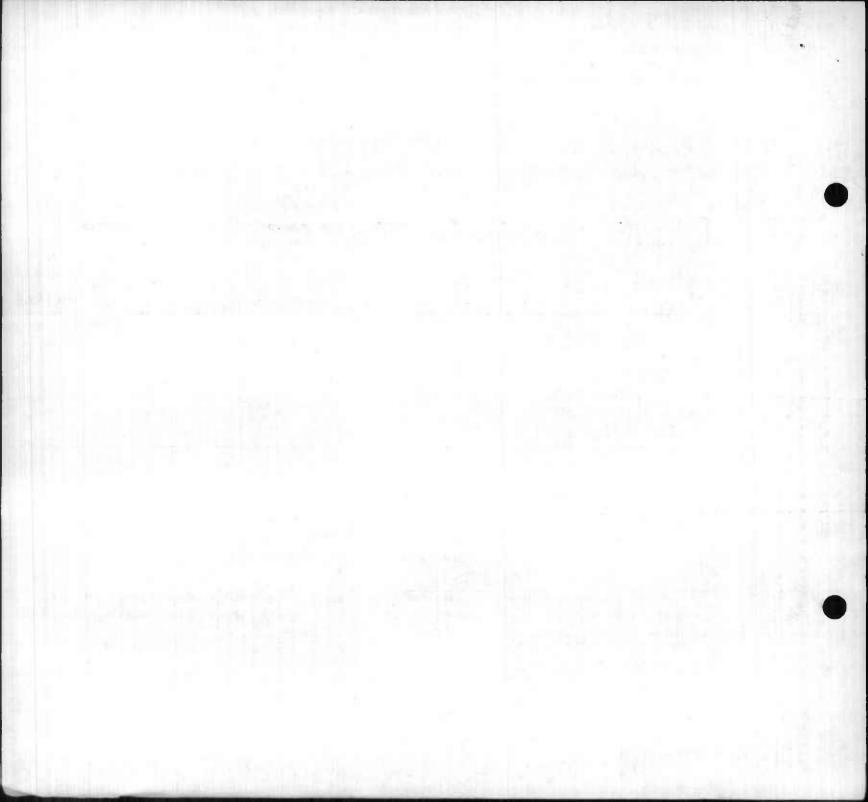


	BALTIMORE CIT	Y HEALTH DEPARTMENT		CE DOS
BIRTH NO. 65 2020 M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered Na.	65 2020
T, NAME OF DECEASED (Type or Print)	S. Davi	1 10 1	D HOUR OF DEATH	I P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ID	4. USUAL RESIDENCE (When	re deceased lived. If institute	tution: residence before admission
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)	itution, give street	C. CIPOR TOWN . III and	side city limits, write RU	27-20
INSTITUTION 7228 Pask	Heisate One	Datumos	e chy mins, while kon	KAL OPO GIVE IOWIISHIP
70.0.0 00000	apt D.	D. STREET ADDRESS (11)	Urk Heights	i ane
Female White 7. M	ARRIED, NEVER MARRIED DOWED, DIYORCED Japecify)	July 15, 1898	9. AGE (In years)	If Under 1 Yr. If Under 24 Hrs Nonths Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work 10B. It lone dufing most of working lite oven if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTAPLA CE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Housewe O	thome	14. MOTHER'S MAIDEN NAM	th, va	"No. H.
Samuel morris	L	Esther Sa	rah?	
5. Was Deceased Ever in U. S. Armed Forces? res, no or unknown) (If yes, give wor or dates of s	ervice) 1 6. SOCIAL SECURITY NO.	W. Josepeh	Davidson	-7228 Park Hit
18. 5-72.21	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL LEADING TO DEATH	(A)	Euronary beel	huseon	1 year
(This does not meon the mode of dying heart failure, asthenia, etc. It means the c	g, e.g., DUE TO	- 0		
injury or complication which caused death  ANTECEDENT CAUSES	(B) U	lecrative co	letes	40 years
DISEASES OR CONDITIONS, il ony,	DUE TO giving			0
rise to the obove couse (A) statis UNDERLYING CONDITION tost.	ng the (C)			************************
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING TO THE	Table 1		
	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN IN CERTIFYING CAUS	
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF tNJURY (e.g., home, lorm, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., HIJURY OCCUR?	(If in Boltimore C	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Ho		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work  Work  Not Will At Work	nile	21 70	10
22. I certify that (I) (this hospital) ofte	7-4 10		19 Hb 10 TEK	1/0, 1963/
that (1) (we) last saw the deceased all and hour and from the causes stated al			ot in(my) (oor) opinio	on death accurred an the da
23A. SIGNATURE	Gave. (1) (we) (ala) (ale her)	view the body after death.	2	3B. DATE SIGNED
1/1/1/19/20	en po M.D. A	ttending Med. Director	Stoff Phys.	Feb 19 1965
23C. PHYSICIAN'S NAME TO B. LEU	iN M.E	23D. ADDRESS 2 LIXIX REXT	182.Un	iversit Phinz
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of C	REMATORY 24D. L		town, or county) (Stote)
BURIAL TEBI9/65	CHIZLK A	MUNO B	ALTIMORE	Appress
FEB 2 3 1965 R.	But E. Janky M.A	SOL LEVINSON	4 DAS1	6010 REIST. RE
VS 150-REV. 1/1/65			*	PH X

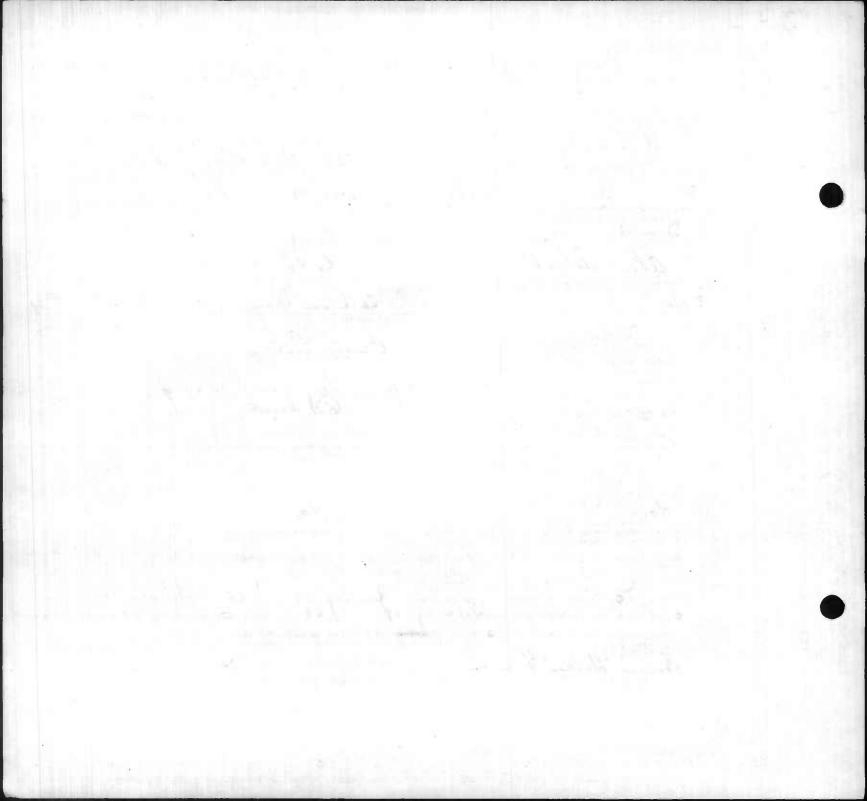


## FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH Such contributing cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. I. NAME OF DECEAS 2. DATE AND HOUR OF DEATH (Type or Print) BIRENBAUM no 65 hospital eath. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) ance MARYCALID FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) attend INSTITUTION 2 CTIMORE prior (If rural, give location) SINAI HOSPITAL occurred regular mad 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years lost birthday) If Under 24 Hrs. Under 1 Yr. deceased Months Doys Hours WIDOWED, DIVORCED (specify) 10A. USUAL OCCUPATION (Give kind of work 10B, KIND 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF LOI WHAT COUNTRY? most of working life, even if retired) 2 LAND isposit Was 13. FATHERS NAME T the death LO 15. Was Deceased Ever in U. S. Armed Forces? (Yes, hojor unknown) (If yes, give wor at dates of service) kind; final SECURITY NO. attendance any pronounced INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed o LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, 9 injury or complication which caused death.) regul ANTECEDENT CAUSES who DUE TO GLO 4 DISEASES OR CONDITIONS, if ony, giving <u>e</u> rise to the obove cause (A) stating the physician the remains UNDERLYING CONDITION last. the chief medical Was burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED the 0 CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 2 21A. ACCIDENT WAS UNDERLYING where 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF to the hospital ° DEATH (notify medical examiner) nature; MEDI obtained (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) and Work At Work any Bruary February 22. I certify that (1) (this hospital) attended the deceased from Februara that (I) (we) lost saw the deceased alive on.... and that in (my) (our) opinion death occurred on the date eath) of hospital and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. the body was released must An accident 23A SIGNATURE 23B, DATE SIGNED O Attending Med. Staff 0 approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) 12 M. YPIL GERARDO wds D.O.A. shows: (1) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased REMOVAL (Specify) VS 150-REV, 1/1/65



	0	- 0000		BALTIMORE CIT	TY HEALTH D	EPARTMENT		CE	0000
	110.	5 2022		CERTIFIC	ATE OF	DEATH	Registere	d No. Oc	2022
1. N	AME OF DEC	EASED					ND HOUR/OF D	DEATH	
	e or Print)	Mary Mar	91	MARY MOR	oz)		119/65		11:30 A.N
3. P	LACE OF DEA	TH IN BALTIMORE MARYLAN	16		A. STATE	RESIDENCE (Wh	ere deceosed live	d. If institution	n: residence before admission
	ULL NAME O	F (If not in hospital or inst	itution, give	street		deg land		13	alto
	NSTITUTION	Ougress of locolion)		0	C. CITY OR	17		write RURAL	ond give township)
8	6	minerally H	ospela	· C	D. STREET	ADDRESS (1	f turol, give locati	ion)	1 /
		7	1		86	2 Back	& Kiver	Rick	Kean
5. SI	EX			VORCED (specify)	B. DATE OF	BIRTH 6/09	9. AGE (In year lost birthday)	rs If U	nder 1 Yr. If Under 24 Hrs hs Doys Hours Min.
		JPATION (Give kind of work 10B, K	IND OF BUS	INESS OR INDUST	RY 11. BISTHPL	ACE (Stole or for	eign country)		CITIZEN OF WHAT COUNTRY?
40116	Don	ustic House	rife A	t Home	/	narylan	Balto		thy. 5 A
3. F	ATHER'S NAM				14. MOTHE	S MAIDEN NA	AME		
	a	dam Valaski			(	at There	ine 6	Jaron	
		Ever in U. S. Anned Forces? (If yes, give wor or dotes of s		SOCIAL SECURITY NO.	17. INFORM	ANT Mrs F	rank Ro	mecki	ADDRESS
	Ne			NONE	XXXXX	XXXXXXX	XX 948	Marla	Kd1.21
	18. 170	XI		CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DIRECTL	Υ		Cincin	+	4		
		al mean the made of dying		DUE TO	C-66 CE 63	66716 G 66-4			
		asthenia, etc. It means the displication which caused death		0	10 -	1			
		ANTECEDENT CAUSES		(B) /rul.	Cameria &	on ea	celous bond	- 9	
		R CONDITIONS, if any,	aivina	DUE TO	6	23) bus	et	0	
	rise to the	above cause (A) statir		(C)			~~~~~~		
	UNDERLYING	CONDITION last.		· · · · · · · · · · · · · · · · · · ·					
Z	OTHER SIGNI	II FICANT CONDITIONS CONTR	BUTING						
ATIO	TO THE D	EATH BUT NOT RELATED CONDITION CAUSING IT.							
RTIFIC/	19A. DATE OF		N FOR WHICE	H OPERATION	20 A. AU1	OPSY? (Yes of N	ON CERTIFYIN	WERE FINDIN	GS CONSIDERED OF DEATH?
	21A. ACCIDE	NT WAS UNDERLYING THE	21 B. PLA	CE OF INJURY (e.g.	, in or obout 21	C. WHERE DID	(If in B	Soltimore City,	give exact location)
CAL	DEATH (notify	medical examiner	home, fo	im, foctory, street,	office bldg., IN.	JURY OCCUR?			
0	21 D. TIME	(Month) (Doy) (Yeor) (Har	or) 21 E. INJ	URY OCCURRED	211	F. HOW DID IN	JURY OCCUR?		
2	(APPROX.)		While A	Not W					
-	22 1	.1 . 400 (.1 ! - 1 - 1 . 1)			71	19	10/5	Fibrua	19 10 65
	· ·	that (1) (this hospital) atte		brune /	James				
	that (ff) (we)	last saw the deceased ali	ve an	source /	Z19/.	65 and t	hat in (453) (au	ır) aplnian d	eath accurred on the de
1		I fram the causes stated ab	oave. (6) (W	e) (did) (44 1001)	view the bac	dy after death.	•		
	23A. SIGN AT U		17			M-4 -	£1. #	23 B. C	PATE SIGNED
	1200	- H. Mac Th	160-676		hys.	Med. Director	Stoff Phy s.		2/19/65
	23C. PHYSICIA NAME (T	N'S ype)			23D. ADDRES	S			,
				M.E					
24A.	REMOVAL		24C. NAME	of CEMETERY OF C	REMATORY	24D.	LOCATION	(City, tow	n, or county) (Stote)
	Burial	2/23/65	Chri	st Evang	elical	Church	Bal	timore	County Md.
25A.		BY HEALTH DEPT. 258. P	NAME OF RE	GISTRAR	25C. FUI	VERAL DIRECTO	R		ADDRESS
	FE	B 2 3 1965 (1.2.	25 E.	Janky M.A	HEN	IRY SANI	PER & SO	ONS IN	O
VS 1	50-REV. 1/1/6	55			BAI	JIIMORE	, MARYLI	AND 21	213



An accident of any nature; (2) B

(except where

hospital

8

<del>a</del>

was D.O.A. shows: (1)

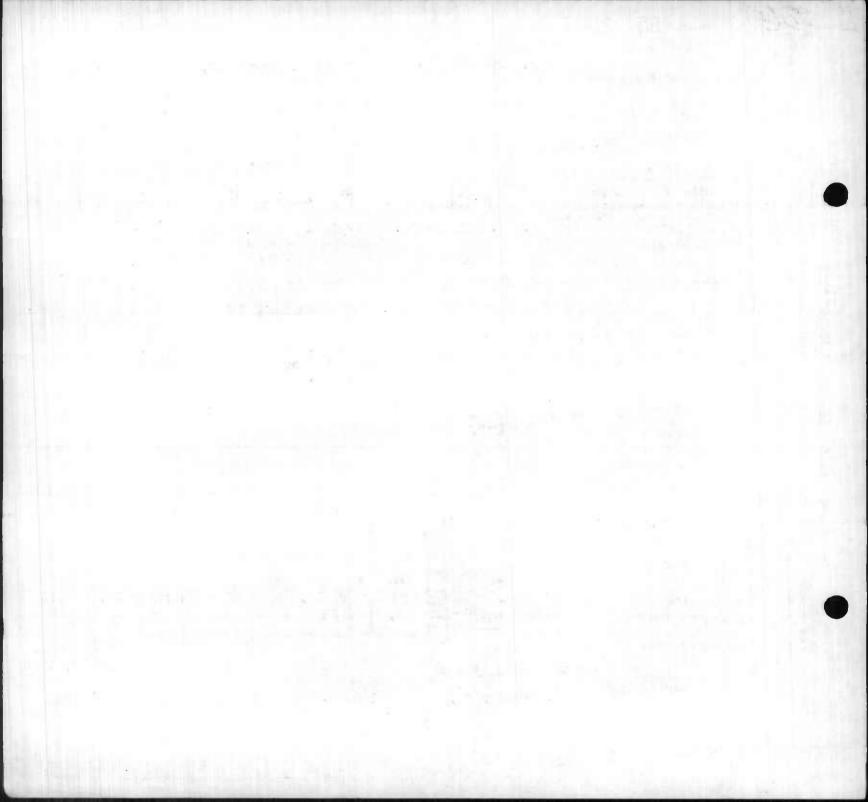
the body was released to the hospital by

1 12/1	BALTIMORE CITY HEALTH DEPARTMENT
E 200 -	BIRTH NO. 65 2023 CERTIFICATE OF DEATH Registered No. 65 2023
deatl deatl cease on the	M.E. CASE NO.  1. NAME OF DECEASED (FREDERICK RICHARD THOMAS ENDRED TE AND HOUR OF OEATH  (Type of Print) Ender, Frederick Richard Thomas February 16, 1965   6:15 P.  3. PLACE OF DEATH IN BALTIMORE MARYLAND   14. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
d in a hospit ing cause of cause; (5) De attendance rior to death	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR INSTITUTION  St. Joseph Hospital  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY  Maryland  C. CITY OR TOWN (Il outside city limits, write RURAL and give township)  Baltimore  O. STREET ADDRESS (If rural, give location)  1327 North Ave.
occurre nntribut rmined egular assed p	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In yeors lost birthdoy)   Widowed   Widowed   April 4, 1892   72     10 Under 1 Yr. If Under 24 Hrs.   Months   Ooys   Hours   Min.
ath dete in r	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working life, even if refired) Cutter  Go& Go Uniform Coo Maryland, Baltimore USA
T if decreet o (4) Un was the c	Unknown Ender Elsie Unknown
ORTANT assistant if the dir. ny kind; (ed death dance on	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service) ? 213 14 0491 A. Mrs Edna Barnes 1327 East North Ave.
AL DIRECTOR: IMPORMedical examiner or his as edical examiner. Also, if burns; (3) A fracture of any hysician who pronounced n was in regular attendar remains are embalmed or f	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart failure, asthenio, etc. It meens the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION last.  CAUSE OF DEATH  (A) Malnutrition; bullus skin disease; with mucus.  (B) OUE TO  (C)  (C)
deren	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. Date of Operation 198. Condition for which Operation Was Performed  204. Autopsy? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

CITIZEN OF WHAT COUNTRY? USA ADDRESS North INTERVAL BETWEEN ONSET AND DEATH NGS CONSIDERED Yes CER 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notily medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work February 13. 19 65 to February 16, 22. I certify that (I) (this hospital) attended the deceased fram. that (I) (we) last saw the deceased alive on February 16. 19.65 and hour and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Director Stall K February 17, 1965 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS William B. VandeGrift, 1400 N. Caroline St., Baltimore, Maryland M. O. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Cremation Baltimore Maryland

PM.

obtained before and (6) No .....and that In(my) (aut) apinion death accurred on the date death) deceased prior to deat written approval must 24A. BURIAL CREMATION, 24B. DATE 65 Greenmount Crematory
258. NAME OF REGISTRAR 25C. FUNERA 25A. OATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR AOORESS SONS INC. VS 150-REV. 1/1/65



2024

3. PLACE OF DEATH IN BALTIMORE MARYLAND

BIRTH NO.

(Type or Print)

M.E. CASE NO.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

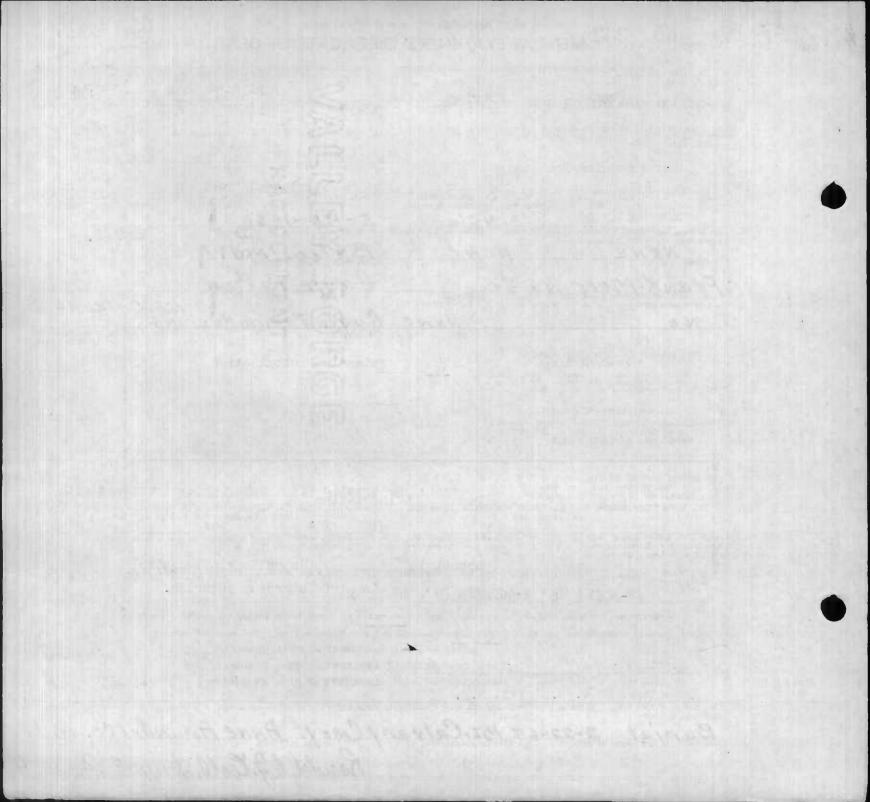
If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? KATHERINE HARTWELL ADDRESS INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED

Registered No.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

2. DATE AND HOUR OF DEATH

VS 151-REV. 1/1/65



prior to death. Such

BALTIMORE	CITY	HEALTH	DEPARTMENT

M.E. CASE NO.	5 2026		CERTIFICA	TE OF DI				<del>(MGC)</del>
1. NAME OF DEC (Type or Print)			7 L		2. DATE	AND HOUR OF DEATH		2 15 5
	Ruth Ov		Haupt			2-18-1965		1.45 P,
	TH IN BALTIMORE, MAI			A. STATE	B. CO	here deceased fived. If i	institution: residence	e before admission
FULL NAME O HOSPITAL OR INSTITUTION	oddress or location	)		Marylan c. cin or row Baltimo	WN (If	outside city limits, write	RURAL ond give	township)
1	Baltimore Ci	-		D. STREET ADD		(If rural, give location)		
/	4940 Eastern Baltimore, Ma	ryland-	21224	3103 G	uilfo	rd Avenue,21	218	
Female	White	WIDOWE	NEVER MARRIED  D, DIVORCED (specify)	3-20-19	104	9. AGE (In year) lost birthdoy) 60	If Under 1 Yr. Months Doys	If Under 24 Hrs Hours Min.
	working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE Balt Maryl	imore	oreign country)	12. CITIZEN OF WHAT CO	UNTRY?
13. FATHER'S NAM	AE			14. MOTHER'S A	AAIDEN N	IAME		
T	heodore Haupt			Ella L	angfo	rd		
15. Was Deceased	Ever in U. S. Armed Ford	es?	6. SOCIAL	17. INFORMANT			ADDR	ESS
NO	Till yes, give wor or dole:	2 OI SELAICE	212-32-1935	Records:	BCH-4	.940 Eastern	Avenue	
(This does n hearl failure, injury or com DISEASES C	E OR CONDITION DIR LEADING TO DEATH of mean the made of asthenia, etc. If means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) 6 CONDITION last.	dying, e.g., the disease, death.)	(8) DUE TO	eumonias			ONSE	AND DEATH
E TO THE D	FICANT CONDITIONS CONTINUES OF THE BUT NOT RELATED TO CAUSING IT	TED TO TH	0	Vascular Left	Accid	ent, Right ar	nd	
	OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPS		No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS AUSES OF DEATH	Yes
OR CONTRIBL	TING CAUSE OF medical examines	21B hom etc.	PLACE OF INJURY (e.g., ine, form, foctory, street, o	n or obout 21 C. W ffice bldg., INJURY	HERE DID	(If in Boltimo	ore City, give exoc	
21D. TIME OF INJURY (APPROX.)	(Manth) (Doy) (Year)		ile At Not Whi	e C	OW DID I	NJURY OCCUR?		
	that (I) (this hospital		he deceased from			19 64 ta	2-18- pinion death acc	urred on the do
and haur and	from the causes stat	ed abave. (	I) (We) (did) (did nat)					
23A. SIGNATU					, 40011		23B, DATE SIGN	VED
	on.	rook	M.D. Att	ending N	Ned.	Stoff Phys.	2-18-1	
23C. PHYSICIA NAME (T	Dr.Robert	Cooke		23D. ADDRESS 4940 East	tern A	Avenue, Baltin	more,Maryl	and
BURIAL CRE	MATION, 24B. DATE 2-22-6		AME of CEMETERY of CR New Cathedral		24D.	Baltimore	City, tawn, or coun	ty) (State)

125B. NAME OF REGISTRAR PROPERTY MA

ADDRESS

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

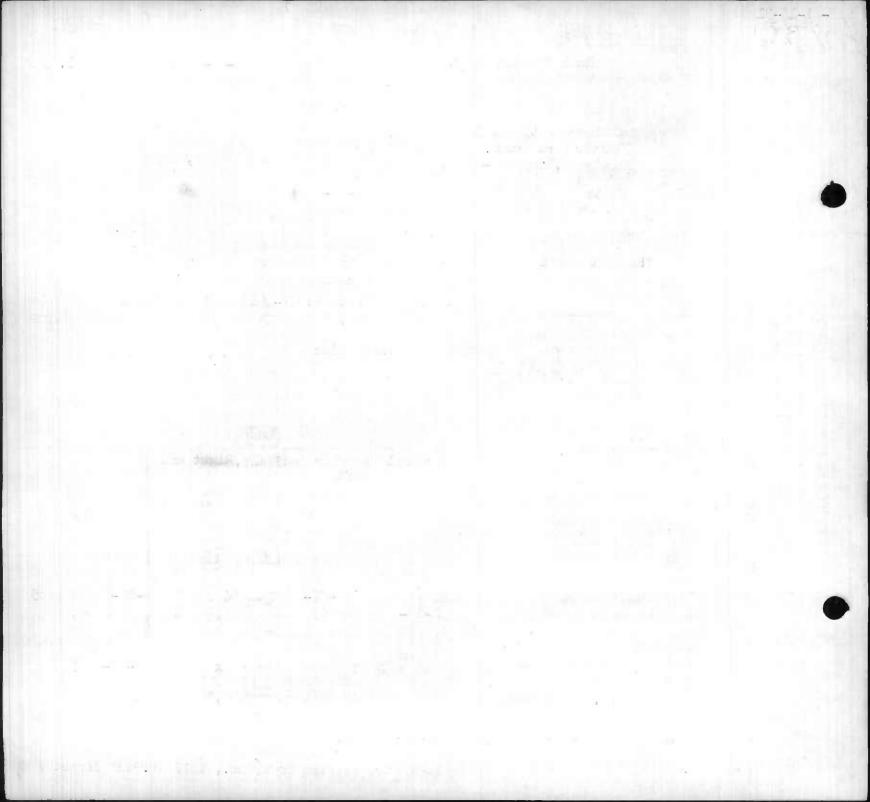
FEB

23

1965

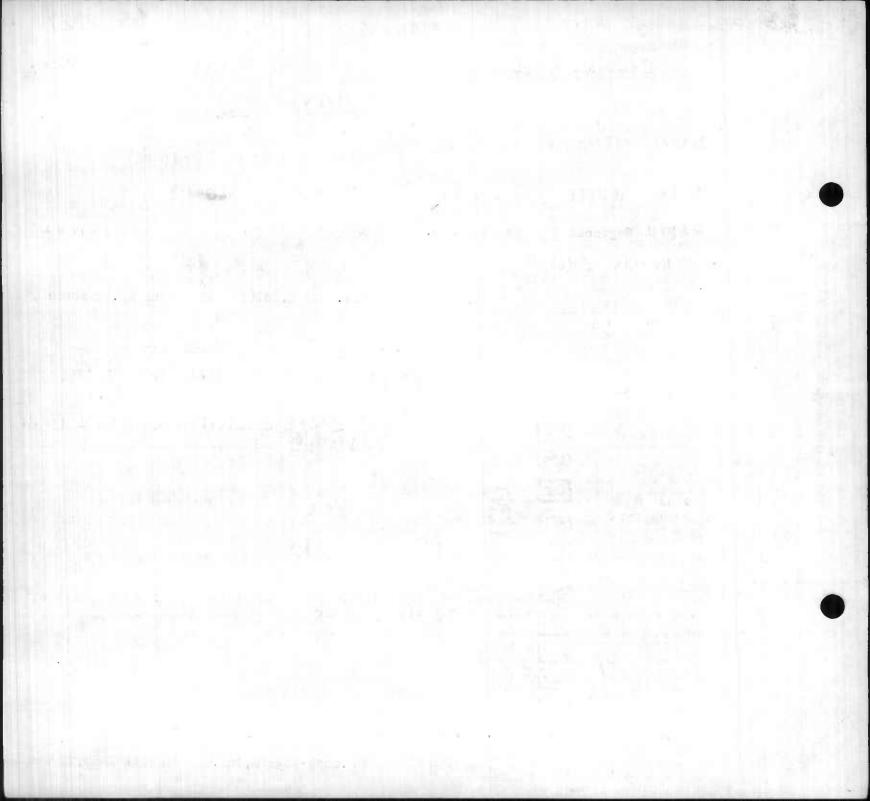
25C. FUNERAL DIRECTOR

William Cook, Inc., 1217 St. Paul Street, 21202



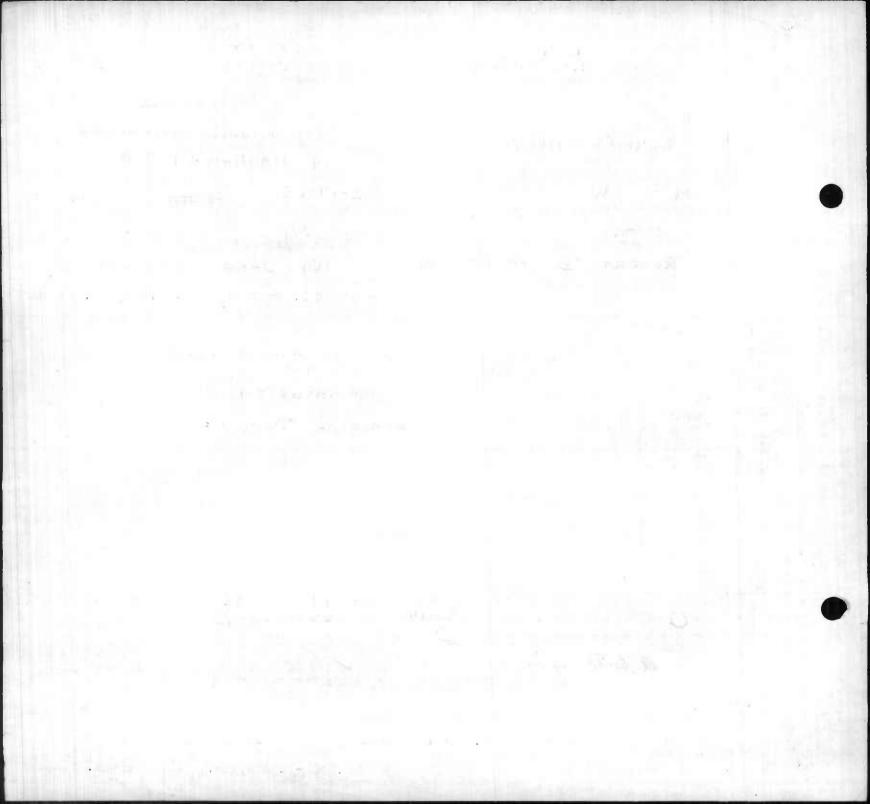
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the IMPORTANT FUNERAL DIRECTOR:

	BALTIMORE CITY	HEALTH DEPARTMENT	CF 0000
BIRTH NO. 65 2027	CERTIFICA	TE OF DEATH Registere	od No. 65 2027
1. NAME OF DECEASED		2. DATE AND HOUR OF	DEATH
(Type or Print) COLVIN- RUFL		Freb. 21.1960	8.00 Am.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased liv	
		A 4 1	Back-
FULL NAME OF (If not in hospital or institut HOSPITAL OR address or lacation)	ion, give street	C. CITY OR TOWN (If outside city limits,	wite BURAL and size towardia
INSTITUTION			, while KOKAL one give township
THURSH MEMORIAL II	0ch. T1:	D. STREET ADDRESS (If tural, give loca	5500
UNION MEMORIAL H	USPITAL		
			ROAD
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9, AGE (In yet lost birthday)	ors If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
MALE WHITE M	ARRIED	2/10/05 60	
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	-di- Como	KENTUCKY	AMERICAN
KADIC Engineer Be	ndix Corp.	14. MOTHER'S MAIDEN NAME	AMERICAN
THOMAS COLUIN		MARY KELLIN	G
15. Was Decased Ever in U. S. Armed Farcas? (Yas, no or unknown) (If yes, give war ar dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO NO	578-03-5464	Mrs.Anna E.Colvin, 131	Cinder Rd., Timonium, Md
18. 4-4///	CAUSE O	F DEATH	INTERVAL BETWEEN
7/1/		7 7 4 1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	18.	Vombin axule du	P. IN
(This does not mean the mode of dying,	e.g., DUE TO	water the contract of	
heart failure, asthenia, etc. It means the dise		irsted alwayers	l alud Askrie
injury or complication which caused death.)	(B) The	120	a soul adversion
ANTECEDENT CAUSES	DUE/19	0	1.0
DISEASES OR CONDITIONS, if ony, gi		rouellophouma	ne by the field less my
rise to the obove couse (A) stating UNDERLYING CONDITION lost.	(C) 1	Charles Allacer Andrews	in a recognition
11	A	DUNCH!	
OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING		
TO THE DEATH BUT NOT RELATED TO			
19A. DATE OF OPERATION 19B. CONDITION F	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES,	WERE FINDINGS CONSIDERED
2. 12. 1965 WAS PERFORMED		V& C IN CERTIFITI	NG CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID (If in	Baltimare City, give axact location)
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	home, form, factory, street, of		
<u>U</u>		W o	
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not While At Work		
22. I certify that (I) (this haspital) attend	led the deceased from	1, 21 19 65 10	2, 2/ 19 65
that (I) (we) last sow the deceased alive			
-1 - November 1 -			ur) apinian death accurred an the date
and haur and fram the couses stated abay	re. (I) (We) (dld) (dld nat) v	iew the bady after death.	
23A. SIGNATURE	0		23B. DATE SIGNED
chi teung.	An M.D. Atte	s. Med. Stoff Phys.	2.21.65
23C. PHYSICIAN'S		23D. ADDRESS	
NAME (Type)	M.D.		
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CRI	MATORY 24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)			
Dortal -	eo.Washington Me		
25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
FEB 2 3 1965 R.C.	M. E. Mansay	wm.Cook-Towson, Inc.,	1050 York Road, Towson 4
VS 150-REV. 1/1/65			



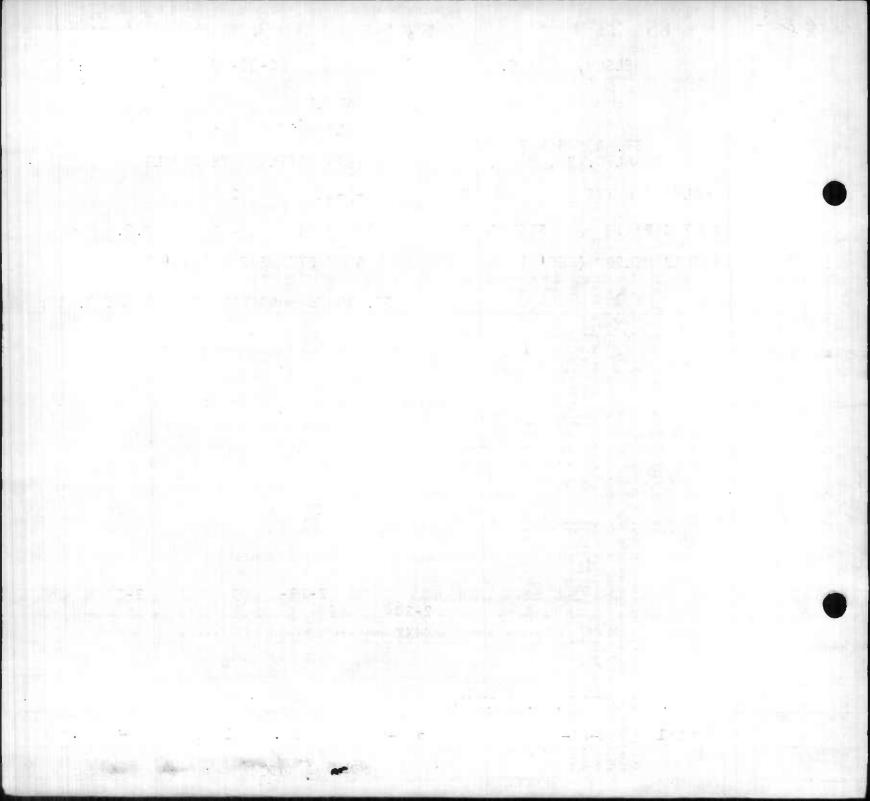
71.1	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	BIRTH M.E. 1, NA: (Type
pital of d Dece of d ath.	3. PL
a hos ause e; (5) ndan	FU HO INS
ting caus	/
tribu mine gular sed mad	5. SEX
deterring re-	10A, U done d
if dect of the the dect of the the dect of the the the dect of the	13. FA
istant he direkind; (death ce on nal dis	15. We
POR is ass any liced nor fi	18
he chief medical examiner or his assistant lby a medical examiner. Also, if the dire (2) Body burns; (3) A fracture of any kind; (4) hysician who pronounced death physician was in regular attendance on fore the remains are embalmed or final dis	(°
amin minne A frac tho pegul	
alex alex (3) / an w in r	MEDICAL CERTIFICATION  TO OCT THE CATION  TO OCT TH
AL Charles and cha	NOL
hief ram a m a m a m a m a m a m a m a m a m	MEDICAL CERTIFICATION
FU the c (2) B ere t o phy efore	AL CER
d by ospite iture; ot wh (6) Ned b	MEDIC
he he hany na axcep	22
d to 1 d to 1 ital (ital (ita) (ital (ital (ital (ital (ita) (ital (ita) (ital (ita) (ital (ita) (ital (ita) (ital (ita)	th
lease identi hospi o dea	23
tas relate mass related at a crior to croval	23
ody w (1) A (2) A Sed p	24A. I
his con he bo hows vas Decea	25A. I
-+ 4 2 2 2	

65-04323	BALTIMORE CIT	TY HEALTH DEPARTMENT	CF DDDD 4
BIRTH NO. 65 2028	CERTIFICA	ATE OF DEATH Registered No	65 2028
I, NAME OF DECEASED John F		2. DATE AND HOUR OF DEAT	700
(Type or Print) BABY ROOK	PATTERSON	2-19-65	2 A M.
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)
		A, STATE B. COUNTY	no no
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location	or institution, give street	C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
INSTITUTION			
WOMAN'S H	050	D. STREET ADDRESS (If rurol, give location)	ARACHNY
1 00011103	OJY		DO
		19 HATHAWAY	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 2-17-65  9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  Infant		Md.	WHAI COUNIKI!
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
ROBERT D	PATTERSON	IVY JANE G	SEBHARDT
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown) (If yes, give wor or dot	rces? es of service)  1 6. SOCIAL SECURITY NO.	Robert D. Patterson, 19 F	Address Hathaway Rd.Timonium
18. 7 6/15	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY		ONSEI AND DEATH
LEADING TO DEATH	(A) Py	MONARY HYALINE MEMI	8,
(This does not mean the made of heart failure, asthenia, etc. It means	dying, e.g., DUE TO	DISEASE	ID 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
injury ar complication which caused			
ANTECEDENT CAUSES	(B)	PREMATURITY	>>>>
DISEASES OR CONDITIONS, if	DUE TO		
rise to the above cause (A) UNDERLYING CONDITION last.	slating the (C) PC	ACENTA DRAEVIA	1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -
11			
	CONTRIBUTING		
TO THE DEATH BUT NOT REL			
19A. DATE OF OPERATION 198. COM	NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WER	E FINDINGS CONSIDERED
	RFORMED	IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltim	ore City, give exact location)
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	
Q 21D. TIME (Month) (Dov) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Not Wh		
(APPROX.)	Work At Work		
22. I certify that (I) (this hospita	I) attended the deceased from	7-17 19 65 to	2-19 1965,
that (1) (we) last saw the deceas	ed alive an 2-19		
	ited abave. (1) (We) (did) (did nat)	view the bady after death.	
23A. SIGNATURE			238. DATE SIGNED
aruno ge	M.D. A	tending Med. Stoff Phys.	2-19-65
23C. PHYSICIAN'S	19-15	23D. ADDRESS	
NAME (Type)	M.D		
24A. BURIAL CREMATION, 24B. DATE			Situate and the situation of the situati
REMOVAL (Specify)	24C. NAME of CEMETERY of C		City, town, or county) (Stote)
BURIAL 2-20-	65 St.Joseph's Ce	emetery Texas, Maryl	and
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
FFR 2.3 196	Robert E. Jackey M.	Wm.Cook-Towson, Inc., 10	50 York Rd. Towson
VS 150-REV. 1/1/65	TUGSTA TI	***	
TO 100 THE TI 17 17 U.S.		6 at	



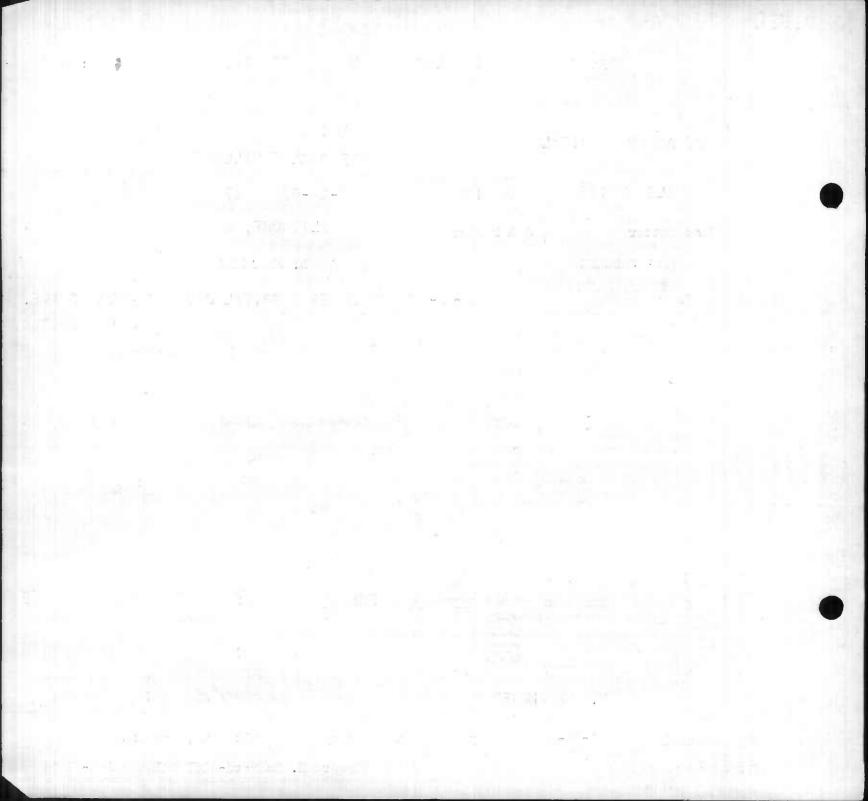
•	FUNERAL D	FUNERAL DIRECTOR: IMPORTANT	IMPORTAN	_		N.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death chows. (1) An arcident of any nature. (2) Rody hurse. (3) A fracture of any kind. (4) Indetermined cause. (5) Deceased	by the chief medica spital by a medica	al examiner of examiner.	or his assistant Also, if the di	if death c rect or co	occurred in a hospital ntributing cause of c	and 4 Page 6
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	where the physics of No physician was ed before the rema	ian who prons in regular ins are embali	ounced death	was in r the dece	agular attendance or used prior to death.	the Such

7:20 P M. belare admission) wnship)  II Under 24 Hrs. Hours Min.  INTRY?
II Under 24 Hrs. Hours Min.  INTRY?
II Under 24 Hrs. Hours Min.  INTRY?
II Under 24 Hrs. Hours Min.  INTRY?
Winship)  Il Under 24 Hrs. Hours Min,  INTRY?  SS  O, 29, Mal Between AND DEATH
II Under 24 Hrs. Hours Min. INTRY?  SS  O. 29, Mal Between AND DEATH
II Under 24 Hrs. Hours Min. INTRY?  SS  O. 29, Mal Between AND DEATH
Min.  INTRY?  SS  O. 29, Mal Between and Death
Min.  INTRY?  SS  O. 29, Mal Between and Death
Min.  INTRY?  SS  O. 29, Mal Between and Death
Min.  INTRY?  SS  O. 29, Mal Between and Death
Min.  INTRY?  SS  O. 29, Mal Between and Death
0. 29, M
0. 29, MAL BETWEEN
0. 29, M
0. 29, MAL BETWEEN
0. 29, MAL BETWEEN
0. 29, MAL BETWEEN
0. 29, NAL BETWEEN
AL BETWEEN AND DEATH
AL BETWEEN AND DEATH
AND DEATH
DERED
location)
19 65
rred an the date
ED
5
2 4
(State)
labama
I.



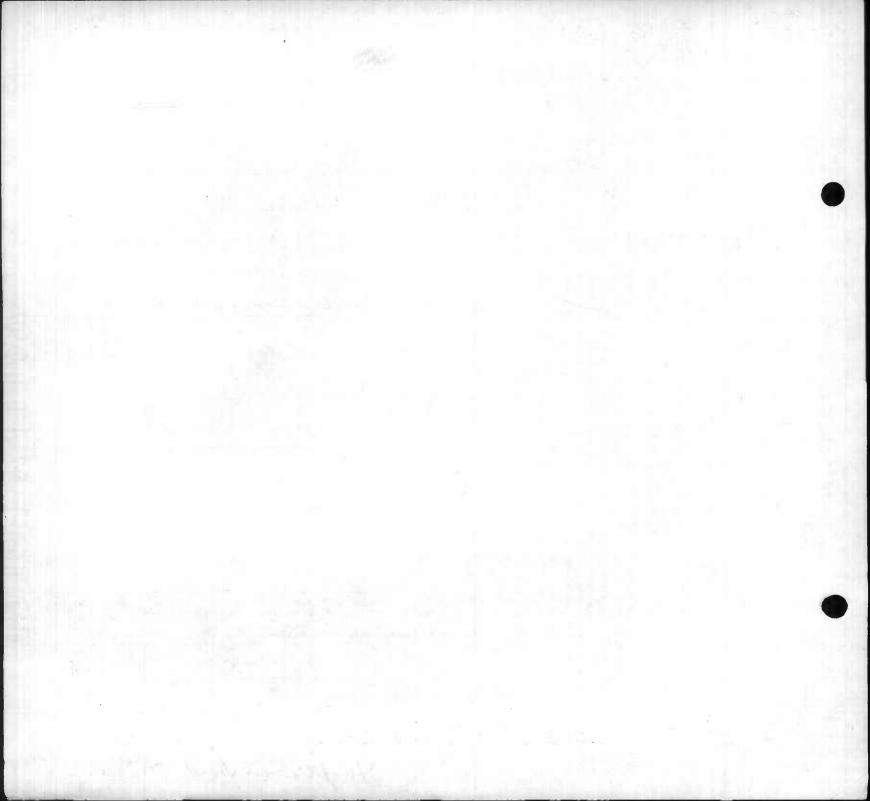
3 - 6	12	01	BIDTH
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	SIRTH M.E. 1. NA/ (Type
	in a hong caus	attenda ior to d	JHO JNS
	tributi	gular sed pr made.	5. SEX
	if death of set or con the contract the cont	was in re the decea position is	S SEX
TANT	the direkind; (4	death nce on final dis	15. Wo
FUNERAL DIRECTOR: IMPORTANT	or his as Also, if	attenda	MEDICAL CERTIFICATION  O O O O O O O O O O O O O O O O O O
CTOR:	aminer iminer.	ho pro egular e embal	h
DIRE	dical excital excital excital excital excital excital excital excital excitation (3) //	sician w vas in r nains ar	ri
NERAL	hief med a med sody bur	he physician v	TIFICATION
J.	by the c pital by re; (2) E	where to No phy	MEDICAL CERTIFICATION
	proved the hos	except and (6) obtaine	W 0
	st be ap ased to lent of a	death);	23
	cate mu ras rele An accid	rior to	23
	This certification the body w	was D.O.A. deceased p written app	Bu 25A. I

O Pri	BALTIMORE CITY	HEALTH DEPARTMENT		00
BIRTH NO. 65 2030	CERTIFICA	TE OF DEATH	Registered No.	. 65 2030
M.E. CASE NO.  1. NAME OF DECEASED		DATE A	ND HOUR OF DEATH	1
(Type or Print) BASCHKE	CHARLES	W FEB	21, 1965	8:00 A M
FULL NAME OF HOSPITAL OR oddress or locotion)  ST AGNES HOSPITAL		MD  C. CITY OR TOWN (II o	utside city limits, write	RURAL and give township)
ST AGNES HOSPITAL			f rurol, give location) VILLAGE	
MALE WHITE	MARRIED, NEVER MARRIED (VIDOWED, DIVORCED (specify)	9-20-97	9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	& P Stores	BALTIMOR	RE, MD	12. CITIZEN OF WHAT COUNTRY?
HUGO BASCHKE		ANNA L. BRO		
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of NO		T AGNES HOSP	ITAL CATO	N & WILKENS AVE.
LEADING TO DEATH  (This does not mean the made all dyinheart foilure, ostheria, etc. It means the injury or camplication which coused deal ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it only, rise to the above couse (A) state UNDERLYING CONDITION last.  NOTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED OISEASE OR CONDITION CAUSING IT.	giving ing lhe (C)	H.F. se sema	see To	(D) (D) (E)
	ON FOR WHICH OPERATION	NO		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B, PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Boltimo	ere City, give exact location)
OF INJURY (APPROX.)  (Month) (Doy) (Year) (Ho	While At Not While Work	21 F. HOW DID IN	IJURY OCCUR?	
22. I certify that (1) (this hospital) att	EED 21	6.5		EB 21 19 65 Union death occurred on the date
ond hour and from the couses stoted a 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  M. ROORIO	M.O. Atte	nding Med.	Stoff Phys.	23B. DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C.NAME of CEMETERY of CRE	MATORY 240	LOCATION	City, town, a county) (State)
Burial 2-24-65	Holy Redeemer C	emetery	Baltimore, M	lary Land
FFB 2 3 1965	PRISE E Jailey M.A.	25C. FUNERAL DIRECTO	R	ADDRESS Vilkens Ave-21229



	BALTIMORE CIT	Y HEALTH DEPARTMENT		
M.E. CASE NO. 65 2031	CERTIFICA	ATE OF DEATH	Registered No	65 2031
Type or Print) 302 MAN	1. William	E Sz. 858	5 AVM 2	21/45 0857A
	Institution, give street	4. USUAL RESIDENCE (When A. STATE B. COUN	RIJ	ine 916
INSTITUTION		C. CITY OR TOWN (If our	Sallwov	URAL ond give Wwnship)
Maryland Gen	Hosp.	D. STREET ADDRESS (III)	rurol, give location)	treet.
5. SEX 6. RACE 7	MARRIED, NEVER MARRIED WHOWED, DIVORGED/(specify)		9. AGE (In years lost bighdow	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min,
done during most of working life, even if retired)	DB. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	2 man	14. MOTHER'S MAIDEN NAMED TO STATE OF THE PROPERTY OF THE PROP	ME	
15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give wor or dotes	s? 16. SOCIAL	17. INFORMANT  There are Box	man-19.2	ADDRESS 3 & 20 th D+.
18./3381		OF DEATH	mare 11.	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE LEADING TO DEATH	(A)	ainomore		4 days.
(This daes not mean the made of a heart failure, asthenia, etc. It means to injury at complication which caused a ANTECEDENT CAUSES	ne diseose,	In destruc	tion	Zueeles
DISEASES OR CONDITIONS, if an ise to the above cause (A) and UNDERLYING CONDITION last.		aremona	Colon.	100
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.		scherosis (	Doneralis	ed. 200000
19A. DATE OF OPERATION JOB. COND	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	-	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)
OF INJURY (APPROX.)  (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED  While At Not Who At Work		URY OCCUR?	
22. I certify that (I) (this hospital)	_ /		19 4 to	2/2/ 1868
that (I) (we) last sow the deceased			at in(my) (our) opin	lon deoth occurred an the dat
23A. SIGNATURE	M.D. A	tending Med.	Stoff Phys.	23B, DATE SIGNED
23C. PHYSICIAM'S NAME (Type)	STRAM M.D	23D. ADDRESS	W Organi	astr 20
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 214/65	Larrane Pack	REMATORY 24D. UR	Soution (City	(, town, or county) (Stote)
	5B. NAME OF REGISTRAR CLEUMA	25C. FUNERAL DIRECTOR	. //	901. Hallins IV
VS 150-REV. 1/1/65		0-1		122)

123

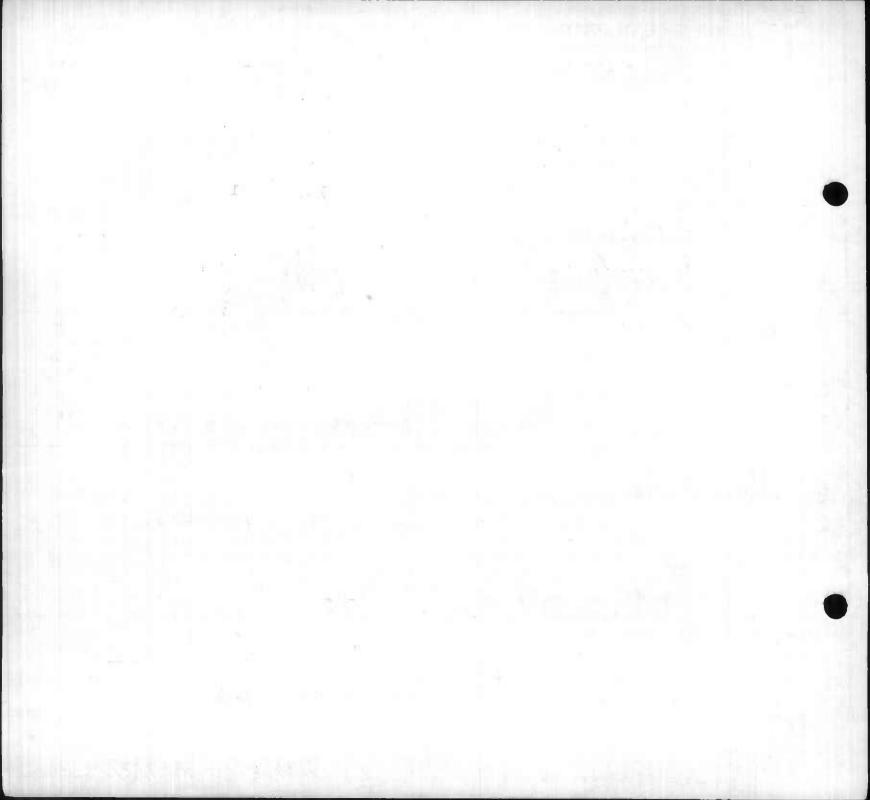


VS 150-REV. 1/1/65

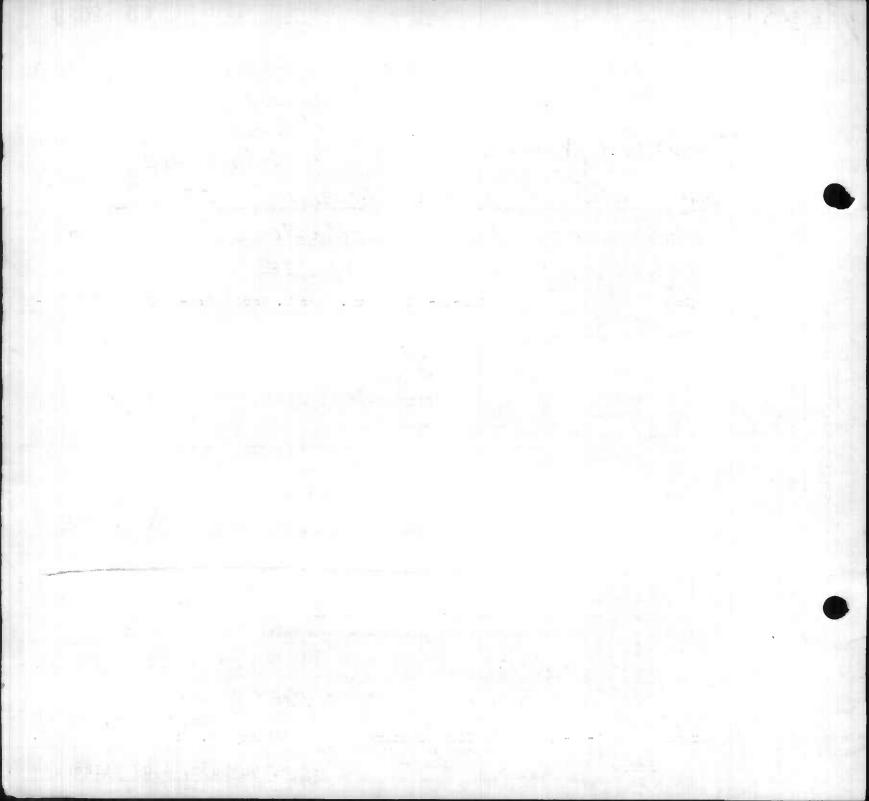
BALTIMORE	CITY	HEALTH	DEPARTMENT

65 2020

M.E. CASE NO.	CERTIFICA	TE OF DEATH	ND HOUR OF DE		
(Type or Print) Vernell Stoke	e		22-65	1	10:15 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	3	4. USUAL RESIDENCE (WI	ere deceosed lived.	If institution; residence	
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) INSTITUTION		Maryland		vite RURAL ond give	township)
Provident Hosp 1514 Division			f ruiol, give location	1)	
Baltimore, Mar	yland 21217	1809 N. Wolf	e Street		
	RIED, NEVER MARRIED DWED, DIVORCED (specify)	8-26-1903	9. AGE (In years lost highday)	If Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN O	F NINTRY2
done during most of working life, even if retired)  Return Farmer	1	Virginia		U.S.	
13. FATHER'S NAME augusta Stop	kee	14. MOTHERS MAIDEN N	Chap	iel	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	ice) 16. SOCIAL SECURITY NO.	Mercell	te Lenne	ADDI	las hendira
DISEASE OF CONDITION DIRECTLY	CAUSE O	F DEATH	0		VAL BETWEEN
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, give to the above cause (A) stating UNDERLYING CONDITION lost.	ose,  (a) Cong DUE TO  (ving Ihe (c) Hype	estive Heart F		Disease	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FWAS PERFORMED	Pneu	IMONIA  20 A. AUTOPSY? (Yes or		ERE FINDINGS CONS	SIDERED
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., i home, loim, foctory, street, o etc.)	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Bot)	timore City, give exoc	it locotion)
OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At  Not While  At Work		IJURY OCCUR?		
22. I certify that (1) (this hospital) attend	led the deceased from	2-16-	19 65 10	2-22-	19 65
that (I) (we) lost saw the deceased alive	on 2-22-	19 65 ond	-	opinion deoth occ	
and hour and from the couses stated above	ve. (1) (We) (did) (did not)	view the body ofter death	•		
23A. SIGNATURE	M.D. AH	ending Med.	Stoff Phys.	2-22-6	
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	7,5		
Hollis Seunarine	M.D.	1514 Division			
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C.NAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION THE	(City, lown, or coun	nty) (Stote)
	ME OF REGISTRAR	25C. FUNERAL DIRECT	OR A A	· Will	DDRESS
FEB 23 1965 R.C.	at E. Jarbay Mil	sould.	Elleke	en 1/29)	Marking



			BALTIMORE CITY	HEALTH DEPARTMENT		65 2022
URTH 1	NO. 65	2033	CERTIFICA	TE OF DEATH	Registered Na	00 2000
.NAN	E OF DECEASED	1 /	0	2. DATE AN	D HOUR OF DEATH	
Туре с	r Print)	tandingho	em anha A	SR Tiek	way at 1	015 9.30A.
. PLA	CE OF DEATH I	N BALTIMORE, MARYLAND	July 1	4. USUAL RESIDENCE (When	e decevsed lived. If insti	lution: residence before odmission
		V	0	A. STATE B. GOUN	η,	) 4-1//
FUL	NAME OF	(If not in haspital or instit	ution, give street	Marylan	a	0 1/
INST	ITUTION	address or lacollon/	0	C. CITY OR TOWN (If our	side city limits, write RU	RAL ond give township)
	1 1	1	11. +1	V 2007 / / /	ORL	
/	Mary 1	ind Gener	al Hospilal	D. STREET ADDRESS (If	rurol, give location)	
	100	10000		1017 KOC	Rhill AU	'e
SEX	6. RA		RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	onths Days Hours Min.
M	1/0	with to will	DOWED, DIVORCED (specify)	11/20/01	lost birthday	Months Days Hours Min.
A III	UAL OCCUPATI	ON (Give kind of work IOR KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	an country)	12. CITIZEN OF
		g lite, even if retired)			g. coomy,	WHAT COUNTRY?
1	Mainte	nance	BTC.	Bailto		11.5.A.
· FAT	HER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	0.6	1/2.1.	2/2	11-11-8	,	
h4:	don;	n Maraine	anam.	NELLIE		
. Was	or unknown) (If y	in U. S. Armed Forces?	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		213-10-0271	Mrs. Anna M. H	ardingham-101	7 Rockhill Ave-2
1B.	200	V.	CAUSE O	F DEATH		INTERVAL BETWEEN
	330,	A CHELTON SINCE	0,1001	1	/	ONSET AND DEATH
		R CONDITION DIRECTLY DING TO DEATH	Conn	ka - 1/2 20. 1/2 /	To a who of	The state of the s
(TI		ean the made of dying,	(ALCOU	100 vasiwa c	(cacen	
he	art failure, asthe	nio, etc. It meons the di	seose,	0 1	2	
in	ury or complico	lion which caused death.	promise	Lukapache.	- O Louis	Je a coa
	ANTE	CEDENT CAUSES	(B)	AND CAN CHUNG	TIO LIXAVILOTO	mage.
DI	SEASES OR C	ONDITIONS, if ony,	giving			
		ove couse (A) sloting	the (C)			
U	NDERLYING CO	NDITION lost,				
-		II II				
O TO	THER SIGNIFICAT	NT CONDITIONS CONTRI	BUTING			
D	SEASE OR CON	DITION CAUSING IT.				
19/	DATE OF OPE	RATION 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	IDINGS CONSIDERED
10	)	TO A STERN OR MANAGE			CLKIII III C GAGO	
21	A. ACCIDENT W	AS UNDERLYING	21B. PLACE OF INJURY (e.g., in hame, farm, foctory, street, of	or obout 21 C. WHERE DID	(If in Boltimore C	City, give exact lacotion)
DE	CONTRIBUTING ATH (notify medi		etc.)	mice bldg., INJURY OCCUR?		
			) OIC INITION CONTROL	015		
	INJURY (Mo	nth) (Doy) (Year) (Hour		21 F. HOW DID INJ	URY OCCUR?	
(A	PPROX.)		While At Not While Work At Work	e		
20	1	/IX /-1		ob merchant 1	off Tob	11111 2 1 22 / 22
		•	nded the deceased from	and the	1965 to Flebs	a
the	it (I) (we) last	saw the deceased aliv	o an Hearmany 2	19 5 and th	at in(my) (aur) apinio	an death occurred an the da
an	d haur and fran	n the causes stated abo	ave. (1) (We) (did) (dld nat) v	iew the bady after death.		
	SIGNATURE			•	12	3 B, DATE SIGNED
	11.	601	M.D. Atte	ending Med.	Stoff 🗡	T 11
	Me	12, Anti	Terre Phy	s. Director	Phys.	Alerelang 2/6.
23	NAME (Type)	11/		23D. ADDRESS	1 00 1	2 1 1 1 1
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	YIM Dill	SUN. M.D.	marilana	Huliak	rospital
A. B	URIAL CREMATI	ON, 24B, DATE	24C. NAME of CEMETERY OF CRI	MATORY 124D 1	OCATION - TON	Company control 1/Swal
	URIAL CREMATI					County, Mary land
Bu	rial	2-24-65	Lake View Cemete	ry Libe	erty Rd. at O	akland Mills Rd.
A. D	ATE REC'D BY H	IEALTH DEPT. 25B. N	AME OF REGISTRAN	25C. FUNERAL DIRECTOR	3	ADDRESS
	FFR	2 3 1965 (12.2)	en DE, Janeer III	Howard H.	Hubbard 4	107 Wilkens Av
5 1 50	-REV. 1/1/65	W 0 .000		THOMQLU III	21229	111111111111111111111111111111111111111
2 130	NE TO 17 17 00				CTCCJ	

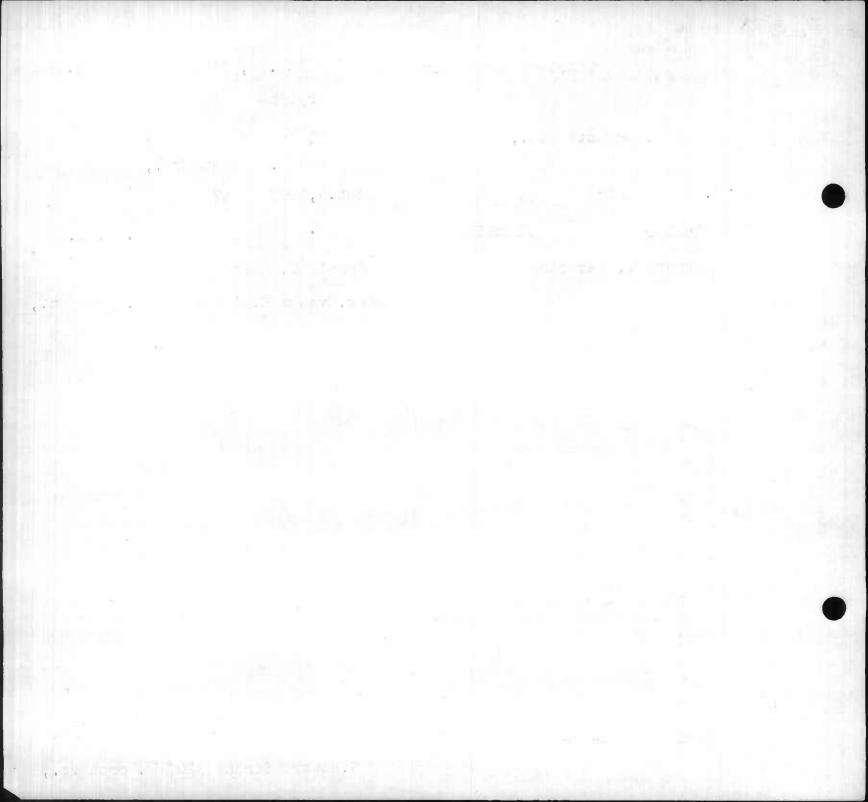


		BALTIMORE CIT	Y HEALTH DEPARTMENT		05
BIRTH NO.	65 2034	CERTIFICA	TE OF DEATH	Registered No	. 65 2034
1. NAME OF (Type or Print)	DECEASED	rine G. Vogelpohl		19-65	H 6 PH M
FULL NAM		al or institution, give street	4. USUAL RESIDENCE (WE A. STATE B. COU	INTY	institution; residence before admission)
HOSPITAL	St. Agnes Hos		c. city or town (if a		e RURAL ond give township)
	Caton & Wilke	-		f rurol, give locotion) verhill Road	
5. SEX Female	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widow	6-12-98	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	st of working life, even if retired	Gross Mechanical Lat		reign country)  Virginia	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S			14. MOTHERS MAIDEN N. Anna Pend	AME	
	osed Ever in U. S. Armed I	forces? 16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Elimar Voge	G	len Burnie, Md. Kimberly Lane
OTHER STOOTHER STOOTH		DIRECTLY H  af dying, e.g., ns the disease, ed deoth.)  ES  f any, giving A) stoling the  CONTRIBUTING GLATED TO THE DIVITION FOR WHICH OPERATION ERFORMED  [218. PLACE OF INJURY (e.g.,	Protection of the property of the protection of	IN CERTIFYING C	INTERVAL BETWEEN ONSET AND DEATH  AUSTRAL  BY CONSIDERED AUSES OF DEATH?  DIE City, give exoct locokon)
DEATH (n 21D. TIME OF INJUR (APPROX.)	otily medical examiner (Month) (Day) (Year Y	home, lorm, foctory, street, cetc.)  21E. INJURY OCCURRED  While At Not White At Work	21F. HOW DID IN	IJURY OCCUR?	
that (I) (and haur 23A. SIGN	and from the causes statistic licians	sed alive an tated abave. (1) (We) (did) (did nat)	19 65 and 1	Stoff Phys. Baltimo	pinian death accurred an the date  238 DATE SIGNED  238 DATE SIGNED  27 DE CONTROL DE CO
Buria	CREMATION, 24B. DATE AL (Specify) 2-23-6	24c.NAME of CEMETERY of CR Sacred Heart Cem	REMATORY 24D.		City, town, or county) (State)
	FEB 23 196	258. NAME OF REGISTRAR CHAMPA	25C. FUNERAL DIRECTO	R	ADDRESS
VS 150-REV. 1	/1/65		1.4		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the
S O O

UNDER  OTHER TO TI DISEAS 19A. DA  21A. AC OR COI DEATH  OF INJI (APPRO  22. I c that (I) ond ho 23A/SI 24A. BURIAR REMO  BURIAR	CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notify medicol exominer)  ME (Month) (Doy) (Year (Notify that (1) (the largest of the courses of the courses of the courses of the course of	CONTRIBUTING ELATED TO THE GIT. DINDITION FOR ERFORMED  216 hor etc  Wi Wi Wi Rel) ottended to ased alive an toted above. (  LELI  24C.N  2965 LG	WHICH OPERATION  S. PLACE OF INJURY (e.g., ne, form, foctory, street, or the stre	19 6 5 and 11  view the body ofter deoth.  Med. Director	O) 20B. IF YES, WERE FIIIN CERTIFYING CAU:  (If in Boltimore of the Boltim	NDINGS CONSIDERED SES OF DEATH?  City, give exact location)
UNDER  OTHER TO TI DISEAS 19A. DA  21A. AC OR COI DEATH  OF INJI (APPRO  22. I c thot (I) ond ho 23A/SI 23C.PH NA  24A. BURIA	SIGNIFICANT CONDITION last.  SIGNIFICANT CONDITIONS HE DEATH BUT NOT RESE OR CONDITION CAUSING LITE OF OPERATION 19B. COWAS P CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notify medicol exominer)  ME (Month) (Doy) (Year Of the Couse of Co	CONTRIBUTING LATED TO THE GIT.  DINDITION FOR ERFORMED  21E   hor etc   with with the control of	WHICH OPERATION  DEPLACE OF INJURY (e.g., ne, form, foctory, street, or the foctory)  INJURY OCCURRED  Wile At Not Work  At Wo  The deceosed from	20A. AUTOPSY? (Yes or N  in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN. hile 19 6 5 and tl view the body ofter deoth.  Whending Med. Director 23D. ADDRESS 3803 CDIV  REMATORY 24D. 1	O) 20B. IF YES, WERE FII IN CERTIFYING CAU:  (If in Boltimore)  JURY OCCUR?  19 6 3 to 60 10 10 10 10 10 10 10 10 10 10 10 10 10	NDINGS CONSIDERED SES OF DEATH?  City, give exact location)  19 6 5  ion death occurred on the  23B. DATE SIGNED  AUE BALTO  , town, or county) (Slot
UNDEF NO OTHER TO TI DISEAS 119A. DA OR COI DEATH OF INJI (APPRO 22. I c: thot (I) ond ho 23A/SG	SIGNIFICANT CONDITION last.  SIGNIFICANT CONDITIONS HE DEATH BUT NOT RESE OR CONDITION CAUSING LITE OF OPERATION 198. CC WAS P  CCIDENT WAS UNDERLYING NATIBUTING CAUSE OF (notify medicol exominer)  ME (Month) (Doy) (Year Was and the decease of the couses of the couse of the couses of the couse of the	CONTRIBUTIN ELATED TO THE G IT.  D'NDITION FOR ERFORMED  21E hor etc with with example of the control of the co	WHICH OPERATION  INPLACE OF INJURY (e.g., ne, torm, foctory, street, or torm)  INJURY OCCURRED  When deceased from the d	20A. AUTOPSY? (Yes or N  in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN. hile ink  19 6 5 and the standard of the december of the standard of the sta	O) 20B. IF YES, WERE FII IN CERTIFYING CAU:  (If in Boltimore)  JURY OCCUR?  19 2 to 10 10 10 10 10 10 10 10 10 10 10 10 10	NDINGS CONSIDERED SES OF DEATH?  City, give exact location)  19 6 5  ion death occurred on the 238. DATE SIGNED
UNDER TO THE TO THE DISEAS 19 A. DA OR COI DEATH OF INJU (APPRO 22. I co that (I) and ho 23 A. S. G.	SIGNIFICANT CONDITION last.  SIGNIFICANT CONDITIONS HE DEATH BUT NOT RESE OR CONDITION CAUSING WAS P CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notify medical examiner)  ME (Month) (Doy) (Year Of the Course of Cours	CONTRIBUTIN ELATED TO THE G IT.  D'NDITION FOR ERFORMED  21E hor etc with with example of the control of the co	WHICH OPERATION  S. PLACE OF INJURY (e.g., ne, form, foctory, street, or the stre	20A. AUTOPSY? (Yes or N , in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID th. hile 19 5 and tl	O) 20B. IF YES, WERE FII IN CERTIFYING CAU:  (If in Boltimore)  JURY OCCUR?  19 2 to 10 to	NDINGS CONSIDERED SES OF DEATH?  City, give exact location)  19 6 5  ion death occurred on the 238. DATE SIGNED
UNDER TO TI DISEAS 19A. DA OR COI DEATH OF INJI (APPRO 22. I c that (I) and ho	SIGNIFICANT CONDITION last.  SIGNIFICANT CONDITIONS HE DEATH BUT NOT RESE OR CONDITION CAUSING (TE OF OPERATION 198. CC WAS P CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notify medicol exominer)  ME (Month) (Doy) (Year URY X.)  ertify that (1) (this law) (was) last saw the decean	CONTRIBUTIN ELATED TO THE G IT.  D'NDITION FOR ERFORMED  21E hor etc with with example of the control of the co	WHICH OPERATION  DEPLACE OF INJURY (e.g., ne, form, foctory, street, or the street, or the street, or the deceased from the deceased from the deceased from the deceased from the street, or the deceased from the deceased from the street, or the st	20A. AUTOPSY? (Yes or N  in or obout office bldg., INJURY OCCUR?  21F. HOW DID IN.  19	O) 20B. IF YES, WERE FII IN CERTIFYING CAU:  (If in Boltimore)  JURY OCCUR?  19 2 to 10 to	NDINGS CONSIDERED SES OF DEATH?  City, give exact location)  19 65
UNDER TO TI DISEAS 19A. DA OR COI DEATH OF INJI (APPRO 22. I co that (I)	SIGNIFICANT CONDITION last.  SIGNIFICANT CONDITIONS HE DEATH BUT NOT RESE OR CONDITION CAUSING (TE OF OPERATION 198. CC WAS P CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notify medicol exominer)  ME (Month) (Doy) (Year URY X.)  ertify that (1) (this last) (Mat) last saw the decean	CONTRIBUTIN ELATED TO THE G IT.  D'NDITION FOR ERFORMED  21E hor etc with with example of the control of the co	WHICH OPERATION  R. PLACE OF INJURY (e.g., ne, torm, foctory, street, or torm)  INJURY OCCURRED  Mile At Not W. At Work  The deceosed from	20 A. AUTOPSY? (Yes or N , in or obout office bldg., INJURY OCCUR?  21 F. HOW DID IN.  Tuly  19 6 5 and 11	O) 20B. IF YES, WERE FII IN CERTIFYING CAU:  (If in Boltimore)  JURY OCCUR?	NDINGS CONSIDERED SES OF DEATH?  City, give exact location)
UNDEF NOTHER TO TI DISEAS 19A. DA 21A. ACO DEATH 21D. TIA OF INJI (APPRO	SIGNIFICANT CONDITION last.  SIGNIFICANT CONDITIONS HE DEATH BUT NOT RESE OR CONDITION CAUSING (TE OF OPERATION 198. COWAS P  CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notify medical examiner)  ME (Month) (Doy) (Year URY X.)	CONTRIBUTION ELATED TO THE G IT. ONDITION FOR ERFORMED  21E hor etc wi Wi Wi Tal) ottended to	WHICH OPERATION  S. PLACE OF INJURY (e.g., ne, form, foctory, street, ne)  INJURY OCCURRED  Thile At Not Work At Work	20 A. AUTOPSY? (Yes or N , in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID IN.	O) 20B. IF YES, WERE FII IN CERTIFYING CAU:  (If in Boltimore)  JURY OCCUR?	NDINGS CONSIDERED SES OF DEATH?  City, give exact location)
UNDEF	SIGNIFICANT CONDITION I OST.  SIGNIFICANT CONDITIONS HE DEATH BUT NOT RESE OR CONDITION CAUSING ATE OF OPERATION 19B. CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notify medicol exominer)  ME (Month) (Doy) (Year	CONTRIBUTING IT.  CONTRIBUTION FOR ERFORMED  21thoriecte	WHICH OPERATION  L PLACE OF INJURY (e.g., ne, torm, foctory, street, )  INJURY OCCURRED Not W.	20 A. AUTOPSY? (Yes or N , in or obout office bldg., NJURY OCCUR?	o) 20B. IF YES, WERE FII IN CERTIFYING CAU: (If in Boltimore	NDINGS CONSIDERED SES OF DEATH?
UNDER TO THE TO THE TO THE TO THE DISEAS TO THE TO THE DISEAS TO THE TO	SIGNIFICANT CONDITION I ost.  SIGNIFICANT CONDITIONS HE DEATH BUT NOT RESE OR CONDITION CAUSING TO OF OPERATION 198. COWAS P CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notify medical examiner)  ME (Month) (Day) (Yea	CONTRIBUTIN ELATED TO THE G IT. DINDITION FOR ERFORMED  216 hor etc	G WHICH OPERATION  LPLACE OF INJURY (e.g. ne, form, foctory, street,	20 A. AUTOPSY? (Yes or N , in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	o) 20B. IF YES, WERE FII IN CERTIFYING CAU: (If in Boltimore	NDINGS CONSIDERED SES OF DEATH?
UNDER TO TI DISEAS 19A. DA	SIGNIFICANT CONDITION I ost.  SIGNIFICANT CONDITIONS HE DEATH BUT NOT RESE OR CONDITION CAUSING LITE OF OPERATION 19B. CC WAS P	CONTRIBUTING LATED TO THE GIT.  ONDITION FOR ERFORMED	G NHICH OPERATION S. PLACE OF INJURY (e.g.	20 A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE FII IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OTHER TO TI DISEAS	RLYING CONDITION last.  II  SIGNIFICANT CONDITIONS HE DEATH BUT NOT RESE OR CONDITION CAUSING	CONTRIBUTIN ELATED TO TH G IT.	G HE		o) 20B. IF YES, WERE FI	NDINGS CONSIDERED
UNDER	RLYING CONDITION last.	CONTRIBUTIN	G			
		A) sloting the	(C)			
DISEAS	ANTECEDENT CAUS	f ony, giving		70.72(10.00)		
heart fe	ailure, asthenia, etc. It mea ar camplication which cous	ns the disease,	/	GENERAL IZED ARCINOMA	LADUNK	18 mo.
	LEADING TO DEAT	Н	(A) (DUE TO	GENERAL IZED	CARRINOMA	trosis 5 mo
18.	DISEASE OR CONDITION O	DIRECTIV		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
Yes, no or un	nknown) (If yes, give wor or de	otes of service)	SECURITY NO.	Mrs.Evelyn E	.Ritter 707	E. 30th St.,
5. Was Dec	ard T. Leveri	Forces?	1 6. SOCIAL	Fannie V. M.	artin	ADDRESS
3. FATHER				14. MOTHER'S MAIDEN NA		0. 0. 4.
	nost of working lile, even if retired			Md.		U. S. A.
A.	White OCCUPATION (Give kind of w			Sept.5,1917		112. CITIZEN OF
5. SEX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	Augusta Ave.  9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
607	N. Augusta	Ave.,		D. STREET ADDRESS (IF	rurol, give location)	
HOSPITA	L OR oddress or local	tion)	9.70	C. CITY OR TOWN (If or Baltimo		JRAL and give township)
FULL NA		ol or institution,	give street	A. STATE B. COUR Maryland	YTY	6-08
PLACE O	Char	les Edw	ard Leverin	Feb. 2	2, 1965	14.145
Type or Prin				2. DATE AL	ND HOUR OF DEATH	
. NAME OI	NO. F DECEASED		02.111110	0. 0		
BIRTH NO. M.E. CASE 1. NAME OI (Type or Prin	F DECEASED			ATE OF DEATH	Registered No.	65 2035



dent

(5) Decease

on t

eath. ance T

EN
I

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print)

ADDRESS

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HARRIEI	ELSIE	MCCARTHY	2-20-65	10:40	A
. PLACE OF DEATH	IN BALTIMORE, MARYLAND		4. USUAL RE A. STATE	B. COUNTY	lived. If institution: residence before	admission
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or institution oddress or location)	on, give street	C. CITY OR	RYLAND TOWN (II outside city limit	its, write RURAL and give township	)

THE JOHNS HOPKINS HOSPITAL

D. STREET ADDRESS MORE Gran, give locotion) FLMORA AVENUE

i i					
FEMALE	WHITE	7. MARRIED, NEVER MARRIED WIDOWED PLYORCED (specily)	8. DATE OF BIRTH 3-3-85	9. AGE (In years last birthday)	If Under 1 Yr. II Under 24 Hr. Months Days Haurs Min.
	JPATION (Give kind al wa warking-life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeep	er	Cotton Mills	Delaware		U.S.A.
13. FATHER'S NAA	A E		14. MOTHER'S MAIDER	NAME	

JUSTIN H. MCCARTHY

15. Was Deceased Ever in U. S. Armed Farces?

HARRIET HEWITT

(Yes, no ar unknown) (If yes, give war ar dates, of service) SECURITY NO. No 59-03-7810 Mrs. Helen Chambers 5140 Elmora Ave.

1 6. SOCIAL

CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

17. INFORMANT

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED

21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., in ar about 21C. WHERE DID hame, larm, factory, street, office bldg., INJURY OCCUR? Ilf in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (natily medical examiner) (Haur) (Month) (Day) (Year) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?

MEDIC OF INJURY While At Nat While (APPROX) At Wark Work 22. I certify that (1) (this hospital) attended the deceased fram

that (1) (we) last saw the deceased alive an. and that in(my) (aur) apinian death occurred an the date

and haur and fram the causes stated abave.((1)(We)(did)(did nat) view the bady ofter death. 23A/SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Director \_

> 23D. ADDRESS DR. ROBERT 0. BLEAKMAND

> > 24C. NAME of CEMETERY OF CREMATORY

JHH STAFF

> 24D. LOCATION (City, town, or county)

Burial 2/23/65 Asbury Cemetery 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

Perryville
25C. FUNERAL DIRECTOR

Ullrich Funeral Home 4210 Belair Road.

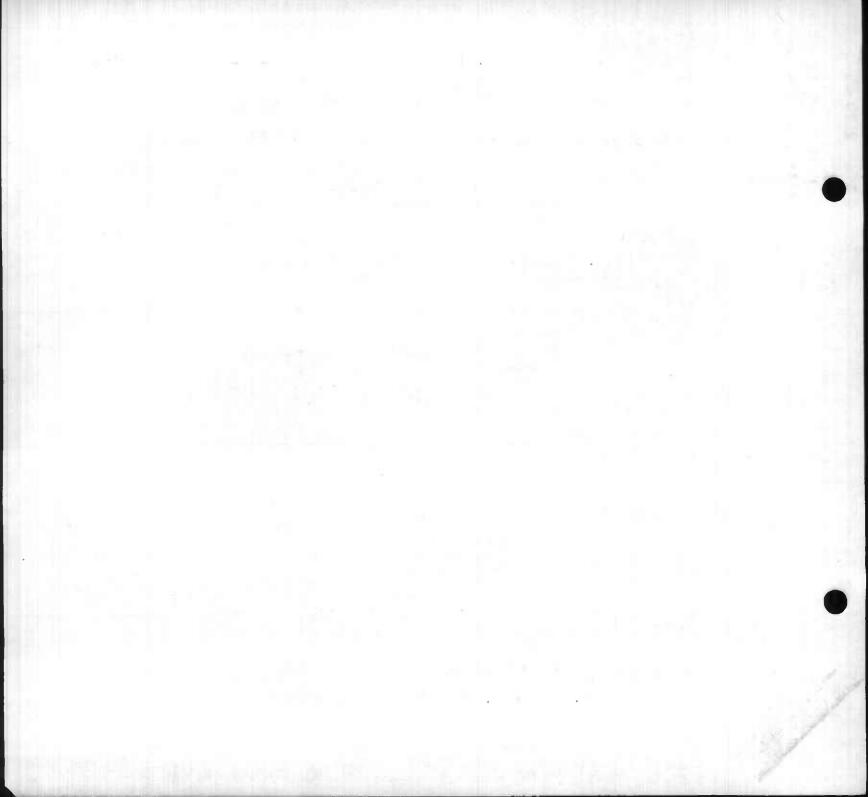
VS 150-REV. 1/1/65

23C. PHYSICIAN'S

NAME (Type)

REMOVAL (Specily)

24A. BURIAL CREMATION, 24B. DATE



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hasphal and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such weitten approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

				BALTIMORE CIT	Y HEALTH DEPARTMENT	Т	65 8	2000	y
	TH NO. 6	5 2037		CERTIFICA	ATE OF DEATH	Registered No.	00 6	100/	
1. P (Ty	Pe at Print)	Ahey, LE	Roy 3	•		AND HOUR OF DEATH	-	30	P M.
3.	PLACE OF DE	ATH IN BALTIMORE, M	ARYLAND	P/L 1 3 0	4. USUAL RESIDENCE	Where deceased lived. If	institution: residen	ce befare	admission)
	FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospite oddress or locat	ol or institution ion)	n, give street	MARYLAND	f autside city limits, write	RURAL and give	tawnship	)
5	3 -				BALTIMORE		50	-00	
	IHE	JOHNS HOP	KINS H	OSPITAL	D. STREET ADDRESS 1816 KINSI	(If rural, give tocation)			
5. 5	EX	6. RACE		D, NEVER MARRIED (ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years (ost birthday)	If Under 1 Yr. Months: Doys	If Und	er 24 Hrs. Min.
P	TALE	WHITE		RRIED	6-4-12	52			
		UPATION (Give kind of working life, even if retired		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or	fareign cauntry)	12. CITIZEN C	F DUNTRY?	
-	ithogra		-	Co.	Maryland		U.S.A		
	FATHER'S NA		Ocu	1 00.	14. MOTHER'S MAIDEN	NAME	0.0.2	. •	
	11				C	Manage			
15		IAM FAHEY	2.22-2	1 6. SOCIAL	ELIZABETH	VOGEL	A D.D.	RESS	
(Ye	s, no at unknow	(If yes, give wor or de	otes of service	SECURITY NO.	IV. INFORMANT		ADD	KE33	
I	Vo				Ralph Dority	8117 Park Ha	ven Road	12.14	
	18.27	7× 1		CAUSE	OF DEATH			T AND D	
	DISEA	SE OR CONDITION DEAT		R	elmonary Es	uhali	31	2	10.1
		nol meon the mode			urang is		Sa	Report	Odays
		, asthenio, etc. It meon		se,	1 1.	111		9	
		ANTECEDENT CAUS	ES	(B) 4	estro-colce 1	estule	7w	RS	
	DISEASES	OR CONDITIONS, it	ony, givin	DUE TO		0 / /			
	rise to I	he obove cause (A G CONDITION last.		4 /	ucz inducell	ushings den	va /04.	cou	***************************************
ATION	TO THE	II  NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO					. 3	
RTIFICA		F OPERATION, 198. CO			Raewas ,1	IN CERTIFYING C	FINDINGS CON AUSES OF DEATI	SIDERED	
CE		ENT WAS UNDERLYING	1 2	1B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DI	D (If in Baltima	ore City, give exo	ct lacotion	1)
AL	DEATH (notif	y medical examiner		tc.)	office bldg., INJURY OCCUI	K?			
DIC	21 D. TIME	(Month) (Doy) (Yea	r) (Hour) 2	IE, INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
ME	(APPROX.)			While At Not Wh					
				Work At Worl		CE E		20	CE
		y that (I) (this hospit			JANUARY 29,		EBRUARY		9.65.
	that (I) (we	) last saw the decea	sed alive ar	FEBRUARY Z	0, 1965 and	d that in (my) (aur) ap	oinian death oc	curred a	n the date
			ated abave.	(I) (We) (did) (did nat)	view the bady after dea	ith.			
	23A. SIGNAT	URE		30, 11			23B. DATE SIG	NED	_
	22C.PHYSICI NAME	AN'S Come		M.D. Ai	tending Med. Director  23 D. ADDRESS	Stoff Phys.	2/20/	165	
	HE	WES D. AGN	EW	M.D	THE JOHNS	HOPKINS HO	SPITAL		
24/	A. BURIAL CR	EMATION, 248. DATE		NAME of CEMETERY OF C			City, town, or cou	nty)	(Stote)
	REMOVAL		65	Dolltim C					
25	Burial	2/24/ D BY HEALTH DEPT.		Baltimore Upi	etery 25C. FUNERAL DIREC	Baltimore, 1	Id.	DDRESS	
231	DAIL REC	FEB 2 4 1965	Rober	8- E. Farley M. a		neral Home Du			
VS	150-REV. 1/1	/65							

The second of th

JEULY RESEALIJE YSHA HILLIA

, Y

250 The Billion house and

	OF	2022		BALTIMORE CITY	HEALTH DEPARTMENT		65 9000
		2038		CERTIFICA	TE OF DEATH	Registered Na.	65 2038
M.E.	CASE NO.	FD			DATE A	ND HOUR OF DEATH	
	or Print)	ANNA D	DIVED				
3 PI	ACE OF DEATH	IN BALTIMORE, MA				2-21-65	6:15 A N
J. 1 L	ACE OF BEATH	IN BALTIMORE MA	RILAND		A. STATE B. COU	NTY	residence before damission
	ILL NAME OF	(If not in hospital		give street	MARYLAN	(	0104
	OSPITAL OR STITUTION	oddress or locotion	n)		C. CITY OR TOWN (If o	utside city limits, write	RURAL and give township)
2					BALTIMO	RE	
3	THE JO	OHNS HOPK	INS HO	SPITAL	D. STREET ADDRESS (I	f rural, give location)	
					2033 OR	LEANS STR	FFT
5. SE	FEMALE	RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
	FEMBAE	WHITE	MIDONE	DN GYOECED (specify)	11-26-90	lost birthdoyl	Months Doys Hours Min,
			108. KIND OI	F BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Jone	during most of work	ing life, even if retired)	CI	11' (1 -	mary 1		WHAT COUNTRY?
2 6	allor		010-	thing Store		ench!	
J. F.	ATHER'S NAME			0	14. MOTHER'S MAIDEN NA		
	CHR	ISTIAN DR	IVER		MARGARET	BIEGER	
5. W	as Deceased Eve	r in U. S. Armed For	ces?		17. INFORMANT		ADDRESS
Tes,	no or unkno wn) (If	yes, give wor or date	s of service)	SECURITY NO.	MEDHELL MD	LOUN BOEN	
	no			Unknown	NEPHEW- MR	JUHN BUEHI	
1	B. by 63	XI		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIE	RECTLY	1//	/	1.1	onset and beam
		ADING TO DEATH		(A) PU	luonory	Zunou	Mukelows
		mean the made of henia, etc. II means		-0110			
		ation which caused					
	ANT	ECEDENT CAUSES		(B)			~~~~~~
	DISEASES OR	CONDITIONS, if	any aivina	DUE TO			
		bave cause (A)			Managa da awaa awaa aa aa aa aa aa aa aa aa aa a		
	UNDERLYING C	ONDITION last.					
		- 11					
		ANT CONDITIONS C					
ATI	DISEASE OR CO	H BUT NOT RELA	T.	11.			
2 1	9A. DATE OF OP	ERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
ERTIFIC	ok .	WAS FERI	PORVIED		Yes	IN CERTIFING CA	USES OF DEATH?
0 2		WAS UNDERLYING		PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Boltimore	e City, give exact tocation)
	DR CONTRIBUTION DEATH (notify me		hon etc.		fice bldg., INJURY OCCUR?		
<u>U</u>							
141 /	TD. TIME (M	ionth) (Doy) (Year)		. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	APPROX.)		Wh	nile At Not While	· 🗌		
2	2 1	. /X (abia bassiss)			EBRUARY 21	10 65. FEB	RUARY 21 19 65
				FEBRUARY	21 65	17 7 10	
t	hat ( <b>8</b> ) (we) los	t saw the decease	d olive on	IEBROARI	2119 0) and t	hot in (mb) (our) opi	nian death occurred on the dat
0	and haur and fre	om the couses stot	red abave. 🕽	() (We) (did) (4) (XXXt) v	iew the body ofter death.		
2	3A. SIGNATURE	100		110			238. DATE SIGNED
	100	11/1/1/	VIII	M.D. Atte	nding Med.	Stoff Phys.	2-21-65
2	3C. PHYSICIAN'S	unu .	enu	W. I	3D. ADDRESS	Phys. 20	2-21-07
	NAME (Type)		0			11	
	KeN.	KENNETH	QUICE	KEL, JR. M.D.	JOHNS HOPK	INS MOSPIT	AL
24A.	REMOVAL (Spec		24C. N.	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (Stole)
0	4.0.1	2-24-1	65 14	oly Reclaer	you constant	2/+	Maxile 0
25.4	- 11 01		1	of the color	1	- 11 more	in y lanck
.JA.	EE!	R 9 / 1005	25B. NAME O	C LA D	25C. FUNERAL DIRECTO	00	1 AU CHADRESS
	1 1	D 64 1300	Volvero	C. Johnson M. M.	1 hills	· Colock	all mosaco Mus.
VS 1	50-REV. 1/1/65				. 0		

BK JYSAK

165710

and the state of the state of

TOTAL STREAM

Samuel Training States

- 1717-5

COLUMN TO SERVICE THE RESERVE TO SERVE THE SER

Y

INVESTIGATION OF THE PROPERTY OF THE PROPERTY

prior to death.

	BALTIMORE	CITY	HEALTH	DEPARTMENT
--	-----------	------	--------	------------

			BALTIMORE CITY	Y HEALTH DEPARTMENT		
BIRTH	110	5 2039	CERTIFICA	TE OF DEATH	Registered No.	65 2039
1. NA	CASE NO. ME OF DECEA or Print)		HOMAS, LEWIS HENRY		21,1965	11:15 p A
5. SEX Ma	ALE	(If not in hospitol oddiess or locotion St. Joseph	RYLAND or institution, give sheet	Maryland c. city or town (If or XAXXVXX) D. STREET ADDRESS (III Route 2, Box B. DATE OF BIRTH Jan. 1,1894	Harfor Harfor Utside city limits, wite Pallston Turol, give locotion)  204  9. AGE (In yeors lost birthdoy) Pallston Turol give locotion)	nstitution: lesidence before admission)
	THERS NAME			14. MOTHER'S MAIDEN NA		
	John s Deceosed E	1 Thomas ver in U. S. Armed For If yes, give wor or dole		Sarah Spe	R	D #2 Box 204 Fallston, Md.
NOI	DISEASE L This does not eat foilure, o nigury or compound of the compound of t	OR CONDITION DISTANCE OF THE PROPERTY OF THE P	dying, e.g., the disease, death.)  ony, giving sloting the (C)  CONTRIBUTING	gestive Heart Fa secondary to Ar cardiovascular d Atrial fibrillat	ilure teriosclero isease wi	INTERVAL BETWEEN ONSET AND DEATH
	A. DATE OF		DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	ol 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL C	D. TIME F INJURY APPROX.)  2. I certify that (I) (we) I	ast sow the decease fram the couses stat	(Hour)  21E. INJURY OCCURRED  While At Not White At Work  1) attended the deceased fram  Ad alive an Feb. 21.9.  ted abave. (1) (We) (did) (did not)	ile 21F. HOW DID IN 19 65 and to the body ofter death.	JURY OCCUR?  19 65 ta Fe hat in(my) (aur) ap	inion death accurred an the dat
23	C. PHYSICIAN NAME (Typ	'S e)	Aquino, Jr. M.D. Arthur.	23D. ADDRESS   1400 N. Carol	Stoff Phys. T	Feb. 21,1965
	BURIAL CREM REMOVAL (Sp	ATION, 248. DATE	24C. NAME of CEMETERY of CR	REMATORY 24D.	LOCATION (C	City, town, or county) (Stote)

Jarrettsville

258. NAME OF REGISTRAR

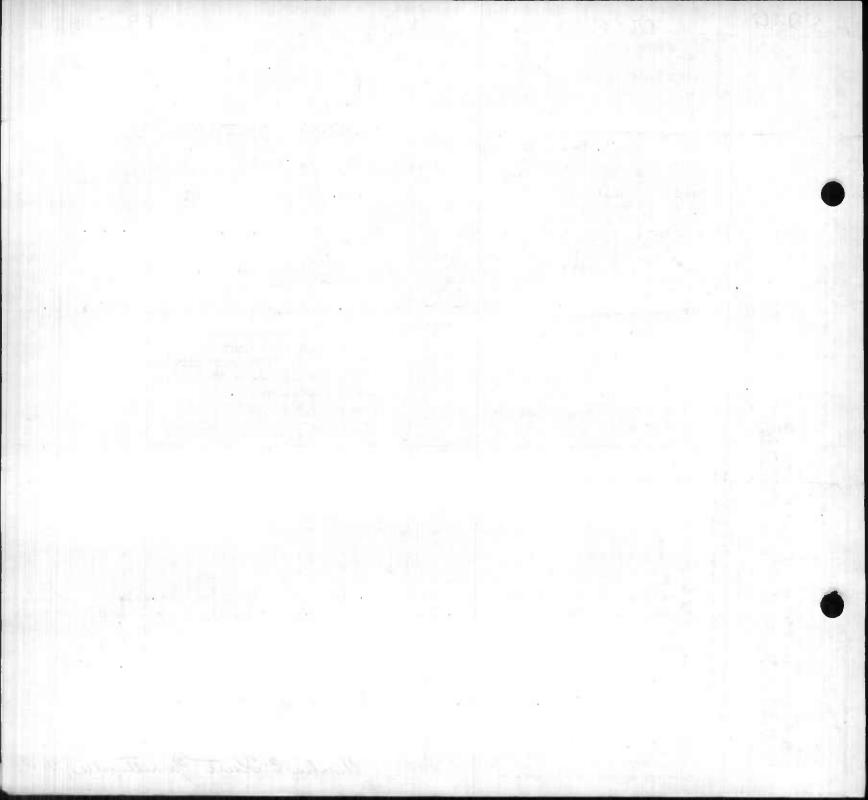
PLE & E. Fallouma 25A. DATE REC'D BY HEALTH DEPT.

Maryland

1965 2

VS 150-REV. 1/1/65

Charles E. J



		TY HEALTH DEPARTMENT		r 00.40
BIRTH NO. 65 2040	CERTIFICA	ATE OF DEATH	Registered No.	5 2040
M.E. CASE NO.		2. DATE AND	HOUR OF DEATH	
(Type or Print) Gre	gory Andre Pfisterer	2-23	-65	4:00 A.
3. PLACE OF DEATH IN BALTIMORE,	MARYLAND	A. USUAL RESIDENCE (Where	deceased lived. If institution	n: residence before admissia
FULL NAME OF (If not in hos	pital ar institution, give street	Maryland	26	07
HOSPITAL OR address or lo	cotion)	C. CITY OR TOWN (If outs	ide city limits, write RURAL	and give lawnship)
	ore City Hospitals	Baltimore		
	ore, Maryland #21224		urol, give location)	
SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH		
	WIDOWED, DIVORCED (specify)	1	'	nder 1 Yr. If Under 24 Hr ths Days Hours Min.
Male White OA. USUAL OCCUPATION (Give kind o	Widowed  Fwork 108. KIND OF BUSINESS OR INDUSTI	2-14-85 RY 11. BIRTHPLACE (State or foreign	n country) 12.	CITIZEN OF
done during most of working lile, even if reti	ired)			WHAT COUNTRY?
Retired 13. FATHERS NAME		Maryland 14. MOTHERS MAIDEN NAM	NE .	U. S. A.
	,	4:		
Alphonse Pfisa 15. Wos Docoasod Ever in U. S. Arme	d Forces? 16. SOCIAL	Mary Gutman		ADDRESS
(Yes, no or unknown) (If yes, give war at	dotes of service) SECURITY NO.	INFORMAN I		AUDRESS
No	212-10-1197	A RECORDS: B.C.	H. 4940 Easter	n Avenue #2122
18.763 X 1		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DE		Cell Carcinoma of	Tana	10 weeks
(This does not mean the made	e of dying, e.g., DUE TO	DELL CAICIIONA OI	Duig	TO MEGKS
heart failure, asthenia, etc. It m injury ar camplication which ca				
ANTECEDENT CAL	USES (B)			
DISEASES OR CONDITIONS,	if any, giving			
rise la lhe abave cause UNDERLYING CONDITION los				
- 11				
	NS CONTRIBUTING			
DISEASE OR CONDITION CAUSI		120 A ALLYGRAUD IV NI-1	208 15 VEC 14505 5111711	ICS CONSIDERED
19A. DATE OF OPERATION 19B.	PERFORMED	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	OF DEATH?
U 21A. A CCIDENT WAS UNDERLYING CAUSE OF	NG 21B. PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City,	give exact location)
▼ DEATH (notify medical examiner)	home, lorm, factory, street, etc.)	office bldg., INJURY OCCUR?		
O 21D. TIME (Month) (Doy) (	Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While AI Not W	hile		
	pital) attended the deceased from		9 65 to 2	-23 19.65
that (I) (we) last sow the dec	2 22	1 10		death occurred on the do
			m in (my) (our) opinion	agoin occurred on the do
ond hour ond from the couses	stated above. (1) (We) (did) (did not)	view the body offer deoth.	D2R	DATE SIGNED
on	Cache M.D. A	thending Med.	Stoff Phys.	
23 C. PHYSICIAN'S	P	hys. Director 23D. ADDRESS	rnys. LT	2-23-65
NAME (Type)	M.I			
24A, BURIAL CREMATION 24R DAT	Robert Cooke [24C, NAME of CEMETERY of C	4940 Easter	Avenue #21	224 vn. or county) (State)
24A. BURIAL CREMATION, 24B. DAT				
Burial 2-20 25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	emetery 740	yerman Hill	Rd. Balto. 22, Mo
FEB 2 4 198	5 P. O. B. E. Jaben M.A.	01 . 0 1 ()	801, S. Con	Kling Street
4 100				

Attending Phys. Med. Director 2-23-65 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Dr. Robert Cooke

A.D.

24A. BURIAL CREMATION, 24B. DATE

24C. NAME of CEMETERY of CREMATORY Sacred Heart Cemetery 7401 German Hill Rd. Balto. 22, Md.

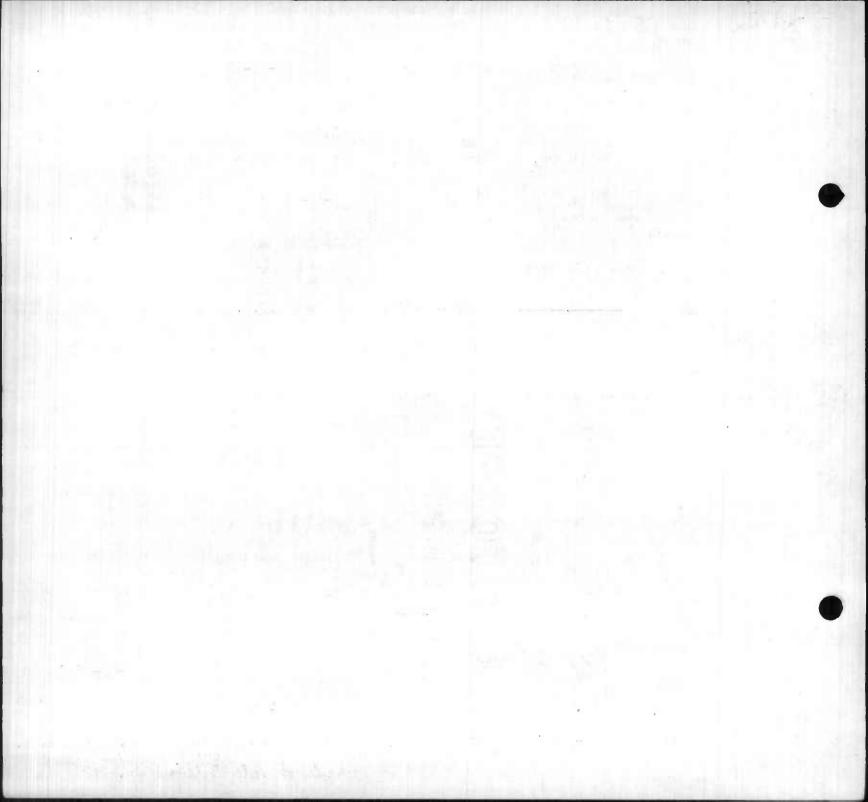
25B. NAME OF REGISTRAR

Policy E. Salter M. M. 25C. FUNERAL DIRECTOR 901 S. Conkling Street

Charles S. Leeler Baltimore Md. 21224 Burial 2-26-65

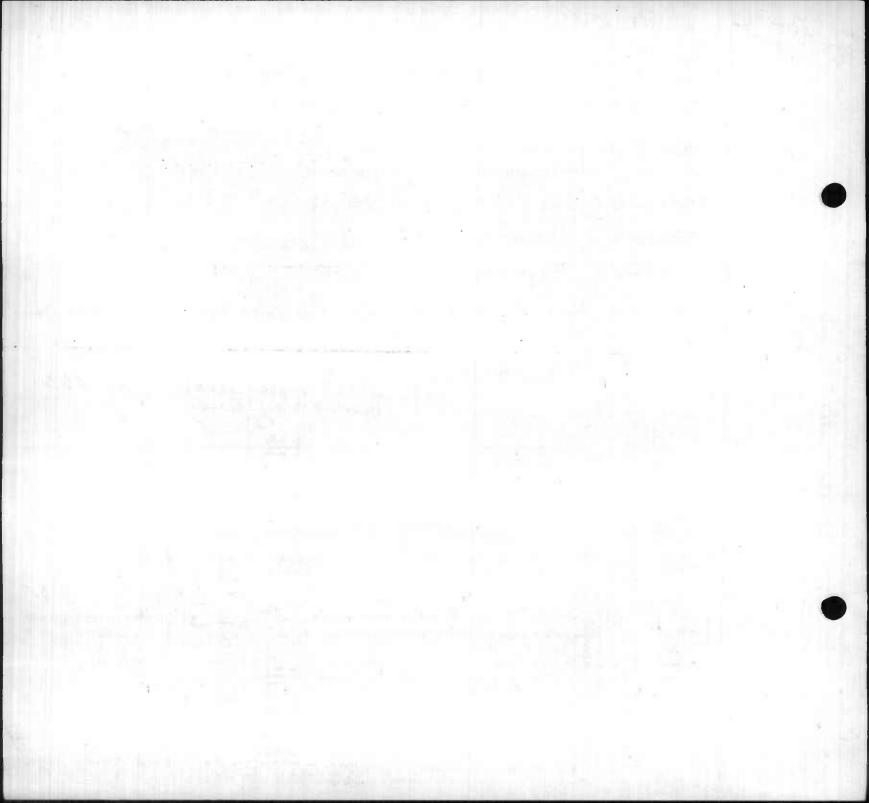
25A. DATE REC'D BY HEALTH DEPT.

FEB 2 4 1965 VS 150-REV. 1/1/65

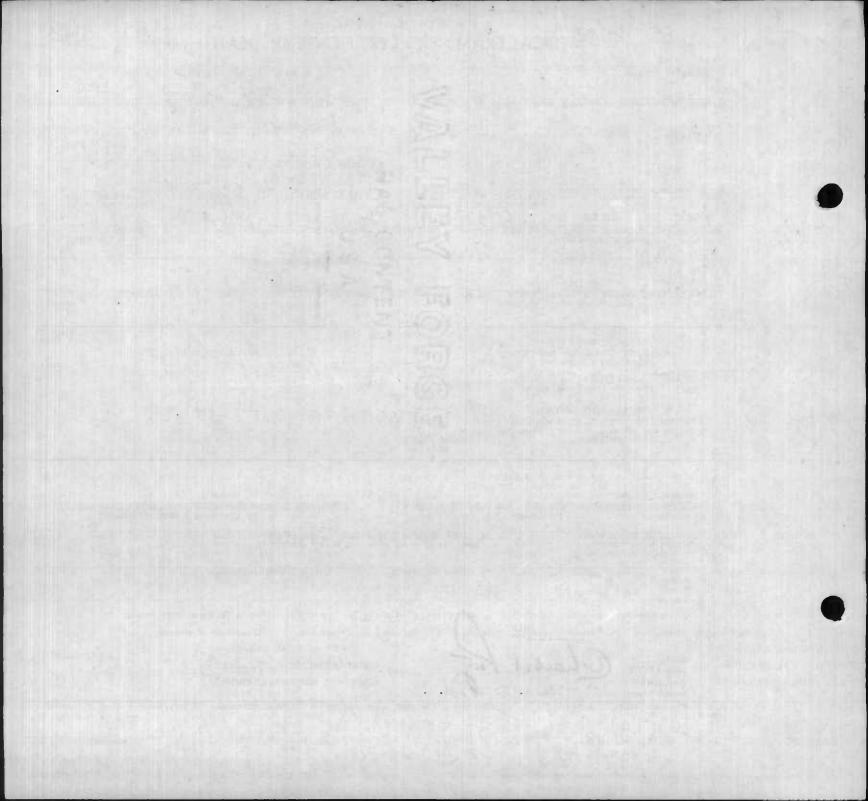


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

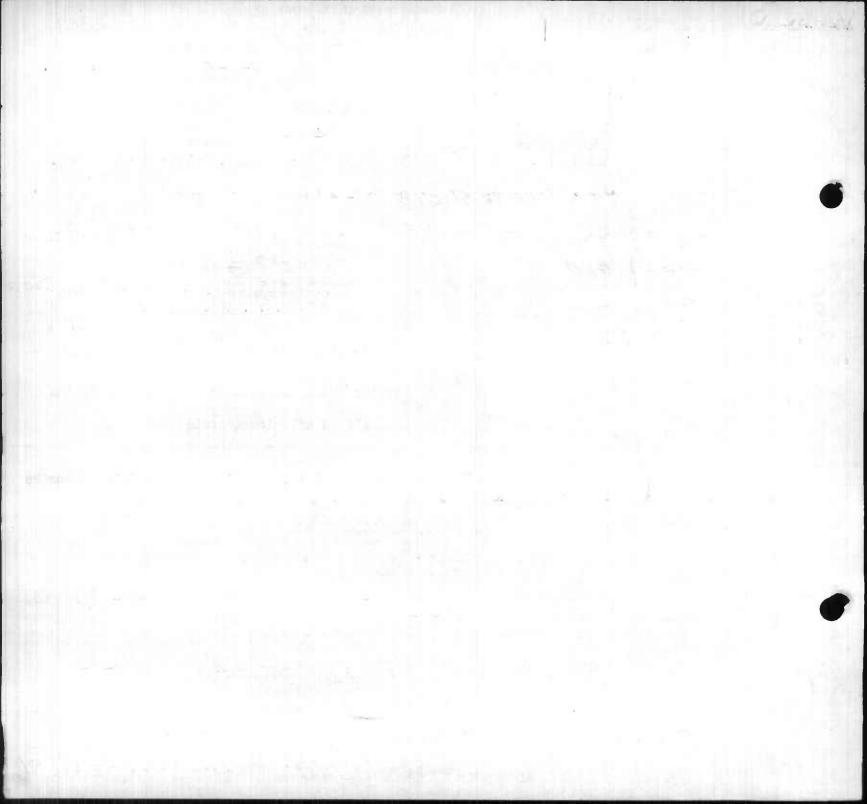
CE 0044	BALTIMORE CITY	HEALTH DEPARTMENT		CF CC
BIRTH NO. 65 2041	CERTIFICAT	TE OF DEATH	Registered No.	65 2041
M.E. CASE NO.	7		D HOUR OF DEATH	
(Type or Print)	nKLin Boy	100 HEL	19 191.	5 4:30 P. M.  Initution: residence before odmission)
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	WALLEY DOY	4. USUAL RESIDENCE (Where	e deceased lived. If ins	titution: residence before admission)
				2 5-31
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location)	ion, give street	C. CITY OR TOWN (If out	side city limits, write RI	JRAL ond give township)
INSTITUTION		BALTIN		one give to whomp
Bon SECOURS HOSP	Tal		urol, give location)	
1200 0000443 17000		4849 ME	Lbourne	ROAD
		DATE OF BIRTH	AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Muslie White M	WED, DIVORCED (specify)	Ort 24.1905	ost birthdoys	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINE	OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF
done during most of working life, even if retired)	/ / . 4	Maril	1	WHAT COUNTRY?
GLAZER Man.	cipal Gov T.	4. MOTHERS MAIDEN NAM	AE .	4.3.4.
1 - /			2	
NAMES BOYLI	AN	Mose		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS
VES 1927 6 1928	220-18-8065	JANE E BOULA	N 4549.	MELBOURNE Rd
18.44 20.11	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			,	ONSEL AND DEATH
LEADING TO DEATH	(A) Cor	many Oce	Meser	Yerollier
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO ose,	liv-Vasculou Frincey Grang		
injury or complication which caused death.)	Ben	lind On apulous	100 exect	Och 1963
ANTECEDENT CAUSES	DUE TO A	Danker Sound	ini wen	
DISEASES OR CONDITIONS, if ony, gir	ving C	yearing surgh	2 Committee of the comm	
rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	lhe (C)			
11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
TO THE DEATH BUT NOT RELATED TO	THE			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FI	NDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi	or obout 21 C. WHERE DID	(II in Boltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
S OF INJURY (APPROX.)	While At Not While At Work			
22 1		166-11 1	050 . 21	10 65
22. I certify that (I) (this hospital) attend	9/10	19 6J and the	7 - 1 - 10	19
that (1) (we) lost saw the deceased olive			it in (my) (our) apin	ion death occurred on the date
and haur ond from the causes stoted obov	e. (I) (We) (did) (did not) vi	ew the body ofter death.		
1 10 hell	M.D. After	ding the Med		23B, DATE SIGNED
			Stoff Phys.	212760
23 C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS 3432	Ineducati	aus
ELIOT W. N	Ohnson.D.	Bellerus	nu 212	29
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CREA	MATORY 24D. LC	CATION (City	, towh, or county) (State)
	Rolta NoT	12/1/ 2	Altimor	MN
25A. DATE REC'D BY HEALTH DEPT. 25B. NA/	BALTO NATI	25C. FUNERAL DIRECTOR	- H	/ ADDRESS
FEB 2.4 1965 (P.O.	Fr & star Ven MA	6501 L- Schu	AP MUNETA	- 1 1
1 2 1000 11175	M C' Manage	HARRIS W	William Dini	TOU ARLUAND, UNY



BIRTH NO. 65	2042MED	ICAL EXAMINER'S C	ERTIFICATE OF	DEATH Registered No	5 2042
M.E. CASE NO.				AD HOUR PRONOUNCED DEA	
Type or Print)		GORSKI		ary 22, 1965	1:20 P.
2 DI ACE IN RAI	EDWAR	HERE PRONOUNCED DEAD			AA AA
S. PEACE IN DAE		THERE PROTOGRACED DEAD	A. STATE Maryland	deceased lived. If institution: r B. COUNTY	esidence boiote dum salot
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET		de corporate limits, write RURA	ond give township)
INSTITUTION	ADDRESS OR LOC.	K HON)			-01
			Baltimore D. STREET ADDRESS (If rote)	nius Issaeism)	
Church	n Home and Ho	spital			- D J. P.
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	939 S. Kei	nwood Avenue	oder 1 Yr. If Under 24 Hr
		WIDOWED, DIVORCED (specify)	A 4 De 1/11	9. AGE (In years If Un Month	ns Doys Hours Min.
Male	White	MARRIED	AUG 14 19	14 51419	
	CUPATION (Give kind of working life, even if retired)	KIOB KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fore		TIZEN OF HAT COUNTRY?
MENER	AL LARORE	19,5, 210UNE CO	BALTO	NID (	J.S. A
13. FATHER'S NA	ME	8	14. MOTHER'S MAIDEN NAM	NE .	
> OHI	V GORS	1<1	KATHERINE 0	MINIAK	
	ED EVER IN U.S. ARMEI		17. INFORMANT	and ADDR	ESS
res, no or unknow	n) (If yes, give wor or dot	9 10 0 8 1/41	MARRIDET	F CONCI	KENWOO
IIR 27		1800000	A TAR GARGE	FIGOROK!	INTERVAL BETWEEN
7 4	01/1	CAUSI	OF DEATH		ONSET AND DEATH
DISEA	ASE OR CONDITION D	RECTLY	And the court of the court	hoafa	
(This does	not meon the mode of	dying, e.g., DUE TO	ary Artery Throm	DOSTR	
heart failure	e, osthenio, etc. It meon omplication which coused	s the disease,			
	ANTECONODINE CAUC	P.C.			
	OR CONDITIONS, IF	(P) ALLE	riosclerotic Hea	rt Disease.	****
RISE TO TI	HE ABOVE CAUSE (A) S	TATING THE			
	ING CONDITION LAST.	(C)			
OTHER SIG	ll l				
OTHER SIC	SNIFICANT CONDITIONS				
E DISEASE O	DEATH BUT NOT RE		••••••••••••	***************************************	
DISEASE O		NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FINDINGS	
0)	WAS PE	REORMED	Yes	IN CERTIFYING CAUSES OF	Yes Yes
	AL CAUSE WAS		in or obout 21C. WHERE DID	(If in Boltimore City, give exoc	
	USE OF DEATH.	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		
E 21D TIME	(Month) (Doy) (Yes	r) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJ	LIPY OCCILP?	
OF INJURY	(Monin) (Doy) (Tec			OKI OCCUK:	
(APPROX.)		m. WHILE AT NOT	WHILE ORK		
22.	rtify that I held on	Inquiry Impection Au	topsy X and that on th	nis bosis, deoth In my opin	lon
resu	Ited from: Noturol co	Sulciden Sulcid		Undetermined monner	
ACTUA			CHIEF MEDICAL E		DATE SIGNED
SIGNAT		iles   M.D	ASSISTANT MEDICAL E	XAMINER K	2/23/65
EXAMI	(	a C Botter M.D.	ASSOCIATE MEDICAL E	XAMINER	2/25/05
NAME	(.,,,,,	s S. Petty, M.D.			
23A. BURIAL CR REMOVAL (Speci		23C. NAME OF CEMETERY	CREMATORY 23D.	LOCATION (City, town,	or county) (Stotel
RIDA	1 AL 7-9	O 1912 ST. STAN	15 LAUSCUEM	62 15 BOS	CNS M
24A. DATE REC'E	BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C, FUNERAL DIRECTO	RICALIA	ADDRESS
	EFR 9 4 1055	P. P. E. Falley M.A.	Mayin F	Maguella	S 115W
	1 10 6 4 1303	HOUGH - Const	VIIIVIL VIOL	1KOW44 1000	O,KEKWO
VS 151-REV. 1/1	/65				/\



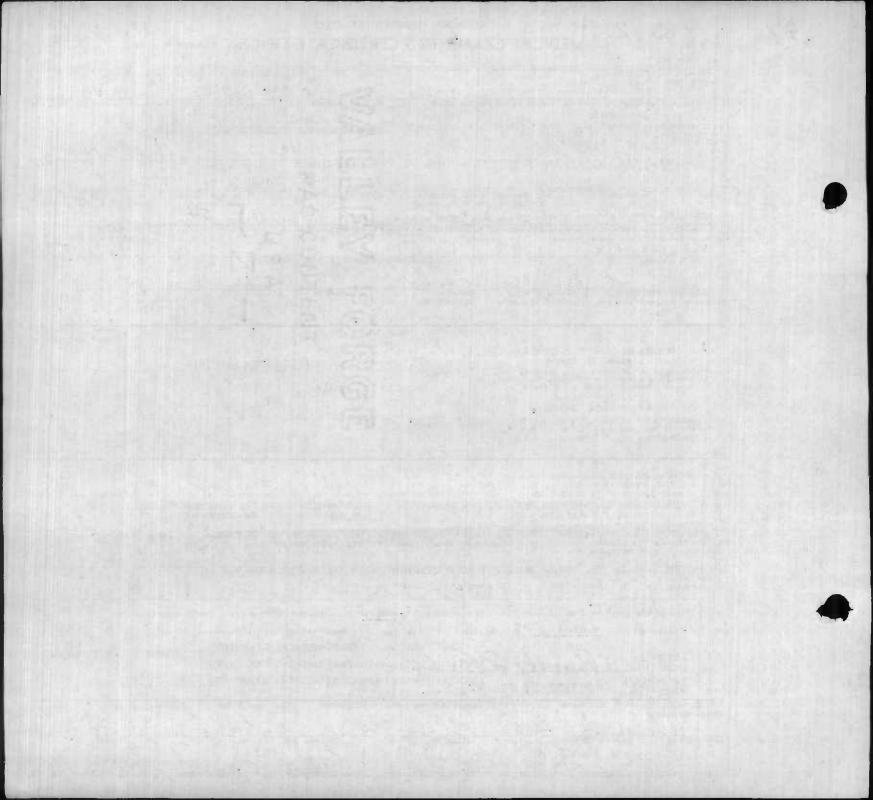
	DE	0040		BALTIMORE CITY			65	2040
	NO. 65	2043		CERTIFICA	TE OF DEATH			<del>=U13</del>
1. NA/	ME OF DECEAS	SED	M.		2, DATE	AND HOUR OF DEATH	1	
		Je	ennie Ward			2-20-65		1:45 P.
3. PL/	ACE OF DEATH	I IN BALTIMORE, MA	RYLAND	- W - W - W - W - W - W - W - W - W - W	4. USUAL RESIDENCE (VA. STATE B. CO	here deceased lived. If	institution: reside	nce before odn
ELL	II NAME OF	/If not in boenital	or institution, give str	ant		1	6-0	1
HO	SPITAL OR	oddress or locotio		eer	Maryland c. city or town (If	outside city limits, write	RURAL ond give	e township)
114.2	STITUTION	Baltimore	e City Hospi	itals	Baltimore			
1/		4940 East	tern Avenue			(If rurol, give location)		
1		Baltimore	e, Maryland	#21224	5837 Belair	Road, Belai:	r Nursing	g Home.
5. SEX	6.	RACE	7. MARRIED, NEVER	MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Y Months: Doy	r. If Under :
Fe	emale	White			9-1-75		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10A. U	SUAL OCCUPA	ATION (Give kind of wor	108 KIND OF BUSIN	ESS OR INDUSTRY	9-1-75 11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN	OF
		king lile, even if retired)	AT H	CME	BOLTA	2D		S.A.
13 54	COUSE OF	LOKER	17		14. MOTHER'S MAIDEN P	IAME	0).	3,77
. J. FA	11.10 11	1.1 0					0.4/	
_/	106H 1	WARD				TEORM		
15. We	as Deceased Ev	er in U, S. Armed Fo yes, give wor or dot	rces? 16. SC es of service) SE	CURITY NO.	17. INFORMANTALEC	En LAWS 22	OSLAK	DRESS AUE -
1	NO	4			RECORDS: B.C	H. 4940 Fast	tern Ave	nue #2
115	8. 332	XI		CAUSE		* 4/40 200	INTE	RVAL BETWEE
	000	OR CONDITION DI	RECTLY				ONS	ET AND DEA
		ADING TO DEATH		(A) ? As	piration Pneum	onia	1	Hour
		meon the made at		DUE TO	<b>.</b>			
		colian which caused		70	7			M
	AN	TECEDENT CAUSES	5	(8) Basi	lar Artery Thr	ombosis	3	Months
		CONDITIONS, il						0
1.7	ise to the	above couse (A)	stoling the	(c) Gene	ralized Arteri	oscierosis	?	<u></u>
	JNDERLYING (	CONDITION Tost.						
-	JNDERLYING (	II	CONTRIBUTING					
-	OTHER SIGNIFIC	II CANT CONDITIONS ( TH BUT NOT REL	ATED TO THE DT.	eding Duc	denal Ulcer. C	hronic Chole	cystitis	2 Mon
ATION	OTHER SIGNIFIC	ANT CONDITIONS ( TH BUT NOT REL DINDITION CAUSING PERATION   198. CON	ATED TO THE BLO		denal Ulcer, C			
ATION	OTHER SIGNIFIC TO THE DEA DISEASE OR CO	ANT CONDITIONS ( TH BUT NOT REL DINDITION CAUSING PERATION   198. CON	IT. BL					
CERTIFICATION	OTHER SIGNIFIC TO THE DEA DISEASE OR CO	ANT CONDITIONS ( TH BUT NOT REL DIDITION CAUSING PERATION 198. COT WAS PER	ATED TO THE BLOWN TO THE BLOWN THE B	OPERATION  E OF INJURY(e.g.,	20 A. AUTOPSY? (Yes or Yes	No) 208, IF YES, WERE IN CERTIFYING C.	FINDINGS COL	NSIDERED TH?
AL CERTIFICATION	OTHER SIGNIFIC TO THE DEA DISEASE OR CO	ANT CONDITIONS TH BUT NOT REL NOTITION CAUSING PERATION 198. CON WAS UNDERLYING NG CAUSE OF	ATED TO THE BLOWN TO THE BLOWN THE B	OPERATION  E OF INJURY(e.g.,	Yes or	No) 208, IF YES, WERE IN CERTIFYING C.	FINDINGS COL AUSES OF DEAT	NSIDERED TH?
DICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEADISEASE OR CO 9A. DATE OF OIL TA. ACCIDENT OR CONTRIBUTING CONTRIBUTION	ANT CONDITIONS TH BUT NOT REL NOTITION CAUSING PERATION 198. CON WAS UNDERLYING NG CAUSE OF	ATED TO THE BICALL TO THE BICA	OPERATION  E OF INJURY(e.g.,	20A. AUTOPSY? (Yes or Yes	No) 208, IF YES, WERE IN CERTIFYING C.	FINDINGS COL AUSES OF DEAT	NSIDERED TH?
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEADISEASE OR CO 9A. DATE OF OIL TA. ACCIDENT DEATH (notify more personal part of the person	ANT CONDITIONS  TH BUT NOT REL  DIDITION CAUSING  PERATION 198. CON  WAS PER  WAS UNDERLYING  CAUSE OF  edicol exominer	ATED TO THE BICAL STATE OF THE B	OPERATION  E OF INJURY(e.g., i, foctory, street, control of the co	20A. AUTOPSY? (Yes or Yes or Obout 21C. WHERE DIG INJURY OCCUR	No) 208, IF YES, WERE IN CERTIFYING C.	FINDINGS COL AUSES OF DEAT	NSIDERED TH?
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEA DISEASE OR CO 9A. DATE OF OIL THE DEA DISEASE OR CO 11A. ACCIDENT DR CONTRIBUTINDE ATH (notify mother injury approx.)	CANT CONDITIONS  TH BUT NOT REL DIDITION CAUSING  PERATION 198. CON WAS PER  WAS UNDERLYING CAUSE OF edical examiner  Month) (Doy) (Year)	ATED TO THE BICAL STATE OF THE B	OPERATION  E OF INJURY(e.g., in, foctory, street, control of the c	20A. AUTOPSY? (Yes or Yes or Obout 21C. WHERE DIG INJURY OCCUR	No) 208. IF YES, WERE IN CERTIFYING C.  (If in Boltime	FINDINGS COI AUSES OF DEA' YOS Ore City, give ex	NSIDERED TH? oct locotion)
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEA DISEASE OR CO 9A. DATE OF OIL THE DEA DISEASE OR CO 11A. ACCIDENT DR CONTRIBUTINDE ATH (notify mother injury approx.)	CANT CONDITIONS  TH BUT NOT REL DIDITION CAUSING  PERATION 198. CON WAS PER  WAS UNDERLYING CAUSE OF edical examiner  Month) (Doy) (Year)	ATED TO THE BICAL STATE OF THE B	OPERATION  E OF INJURY(e.g., in, foctory, street, control or contr	20A. AUTOPSY? (Yes or Yes nor obout 21C. WHERE DID INJURY OCCUR 21F. HOW DID	No) 208. IF YES, WERE IN CERTIFYING C.  (If in Boltime	FINDINGS COLAUSES OF DEA' YOS DIE City, give ex	NSIDERED TH? oct locofion)
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEA DISEASE OR CO 9A. DATE OF OI DIA. ACCIDENT DEATH (notify mo 1D. TIME SET INJURY APPROX.)  2. I certify the	CANT CONDITIONS  TH BUT NOT REL DIDITION CAUSING  PERATION 198. CON WAS PER  WAS UNDERLYING CAUSE OF edical examiner  Month) (Doy) (Year)	ATED TO THE BICAL STREET T	OPERATION  E OF INJURY(e.g., in, foctory, street, control of the c	20A. AUTOPSY? (Yes or Yes nor obout 21C. WHERE DID INJURY OCCUR 21F. HOW DID	No) 208. IF YES, WERE IN CERTIFYING C.  (If in Boltime	FINDINGS COLAUSES OF DEA' YOS DIE City, give ex	NSIDERED TH? oct locofion)
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEADISEASE OR CO 9A. DATE OF OIL TO THE DEADISEASE OR CO 9A. DATE OF OIL TO THE CONTRIBUTION OF INJURY APPROX.)  2. I certify the hot (I) (we) Io	CANT CONDITIONS TH BUT NOT REL DIDITION CAUSING PERATION 198. CON WAS PER WAS UNDERLYING NG CAUSE OF edicol exominer) Month) (Doy) (Yeor) of (I) (this hospite	ATED TO THE BICAL STATE OF THE B	OPERATION  E OF INJURY(e.g., i, foctory, street, c.g., i, foctory, street, c.g., in foctory, str	20A. AUTOPSY? (Yes or Yes nor obout 21C. WHERE DID INJURY OCCUR 21F. HOW DID	No) 208. IF YES, WERE IN CERTIFYING C.  (If in Boltime INJURY OCCUR?	FINDINGS COLAUSES OF DEA' YOS DIE City, give ex	NSIDERED TH? oct locotion)
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEADISEASE OR CO 9A. DATE OF OIL TO THE DEADISEASE OR CO 9A. DATE OF OIL TO THE CONTRIBUTION OF INJURY APPROX.)  2. I certify the hot (I) (we) Io	CANT CONDITIONS TH BUT NOT REL DIDITION CAUSING PERATION 198. CON WAS UNDERLYING NG CAUSE OF edicol exominer)  Month) (Doy) (Yeor) ot (1) (this hospital est sow the deceos	ATED TO THE BICAL STATE OF THE B	OPERATION  E OF INJURY(e.g., i, foctory, street, c.g., i, foctory, street, c.g., in foctory, str	20A. AUTOPSY? (Yes or Yes or Yes or Obout 21C. WHERE DID INJURY OCCUR 21F. HOW DID 1-27 19.65 ond	No) 208. IF YES, WERE IN CERTIFYING C.  (If in Boltime INJURY OCCUR?	FINDINGS COLAUSES OF DEA' YOS DIE City, give ex	NSIDERED TH? oct locotion) 19 deceurred on t
MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEADISEASE OR CO 9A. DATE OF OIL TO THE DEATH (notify more properties). The properties of the prop	CANT CONDITIONS TH BUT NOT REL DIDITION CAUSING PERATION 198. CON WAS UNDERLYING NG CAUSE OF edicol exominer)  Month) (Doy) (Yeor) ot (1) (this hospital est sow the deceos	ATED TO THE BICAL STATE OF THE B	OPERATION  E OF INJURY(e.g., in, foctory, street, or foctory, stre	20A. AUTOPSY? (Yes or Yes or Yes or Obout 21C. WHERE DID INJURY OCCUR  21F. HOW DID  21F. HOW DID  1-27  19.65  ond  riew the body ofter decreased.	No) 208. IF YES, WERE IN CERTIFYING C.  (If in Boltime C.) (If in Bolt	EFINDINGS COLAUSES OF DEA' YOS ONE City, give ex  2-20- Dinion death o	oct locokon)  19 1  ccurred on t
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEADISEASE OR CO 9A. DATE OF OIL TO THE DEADISEASE OR CO 9A. DATE OF OIL TO THE CONTRIBUTION OF THE CONT	CANT CONDITIONS TH BUT NOT REL DIDITION CAUSING PERATION 198. CON WAS UNDERLYING NG CAUSE OF edicol exominer Month) (Doy) (Yeor) of (1) (this hospital est sow the deceos rom the causes sta	ATED TO THE BICAL STATE OF THE B	OPERATION  E OF INJURY(e.g., in, foctory, street, or of the control of the contro	20A. AUTOPSY? (Yes or Yes or Yes or Obout 21C. WHERE DID INJURY OCCUR  21F. HOW DID  21F. HOW DID  1-27  19 65 ond	No) 208. IF YES, WERE IN CERTIFYING C.  (If in Boltime INJURY OCCUR?	EFINDINGS COLAUSES OF DEA' YOS ONE City, give ex  2-20- Dinion death o	NSIDERED TH? oct locotion) 19
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION	OTHER SIGNIFIC TO THE DEA DISEASE OR CO 9A. DATE OF OIL DEATH (Notify me The Contribution of the Contribut	CANT CONDITIONS TH BUT NOT REL DIDITION CAUSING PERATION 198. CON WAS UNDERLYING NG CAUSE OF edicol exominer Month) (Doy) (Yeor) ot (1) (this hospital est sow the deceos rom the causes sta	ATED TO THE BICAL STREET T	OPERATION  E OF INJURY(e.g., in, foctory, street, or foctory, stre	20A. AUTOPSY? (Yes or Yes or Yes or Or obout 21C. WHERE DID ffice bldg., INJURY OCCUR  21F. HOW DID  23D. ADDRESS	No) 208. IF YES, WERE IN CERTIFYING C.  (If in Boltime C.) (If in Bolt	EFINDINGS COLAUSES OF DEA' YOS ONE City, give ex  2-20- Dinion death o	oct locokon)  19  GNED
MEDICAL CERTIFICATION  Section 12    Section	JNDERLYING O  OTHER SIGNIFIC  TO THE DEA  DISEASE OR CO  9A. DATE OF OI  TIA. ACCIDENT  PR CONTRIBUTIN  DEATH (notify me  TID. TIME  F INJURY  APPROX.)  2. I certify the  hot (I) (we) lo  and hour and fr  3A. SIGNATURE  NAME (Type	CANT CONDITIONS TH BUT NOT REL DIDITION CAUSING PERATION 198. CON WAS UNDERLYING NG CAUSE OF edicol exominer Month) (Doy) (Yeor) ot (1) (this hospital est sow the deceos rom the causes sta	ATED TO THE BICAL STREET T	OPERATION  E OF INJURY(e.g., in, foctory, street, or foctory, stre	20A. AUTOPSY? (Yes or Yes or Yes or Or obout 21C. WHERE DID ffice bldg., INJURY OCCUR  21F. HOW DID  23D. ADDRESS	No. 208. IF YES, WERE IN CERTIFYING C.  (If in Boltime C.)  (If in	2-20- pinion deoth o	oct locotion)  19. ccurred on t  GNED
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  723	OTHER SIGNIFIC TO THE DEADISEASE OR CO 9A. DATE OF OIL TO THE DEADISEASE OR CO 9A. DATE OF OIL TO THE CONTRIBUTION OF THE CONT	CANT CONDITIONS TH BUT NOT REL DIDITION CAUSING PERATION 198. CON WAS PER WAS UNDERLYING CAUSE OF edicol exominer  Month) (Doy) (Year)  of (1) (this hospital est sow the deceos rom the causes sta	ATED TO THE BICAL STREET T	OPERATION  E OF INJURY(e.g., in, foctory, street or control of con	20A. AUTOPSY? (Yes or Yes or Yes or Or obout 21C. WHERE DID ffice bldg., INJURY OCCUR  21F. HOW DID  23D. ADDRESS	No. 208. IF YES, WERE IN CERTIFYING C.  (If in Boltime C.)  (If in	EFINDINGS COLAUSES OF DEA' YOS ONE City, give ex  2-20- Dinion death o	oct locokon)  19.1  ccurred on t  GNED  20-65
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  723	OTHER SIGNIFIC TO THE DEA DISEASE OR CO 9A. DATE OF OI  OTHER SIGNIFIC TO THE DEA DISEASE OR CO 9A. DATE OF OI  OTHER SIGNIFIC THE DEA TO THE DE TO T	CANT CONDITIONS TH BUT NOT REL DIDITION CAUSING PERATION 198. CON WAS PER WAS UNDERLYING CAUSE OF edicol exominer  Month) (Doy) (Year)  of (1) (this hospital est sow the deceos rom the causes sta	ATED TO THE BICATION OF THE BI	OPERATION  E OF INJURY(e.g., in, foctory, street, or continued of the cont	20A. AUTOPSY? (Yes or Yes or Yes or Yes or Or obout 21C. WHERE DID INJURY OCCUR  21F. HOW DID  22D. ADDRESS  4940 Easter	No) 208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo  INJURY OCCUR?  19 65 to	2-20- control of the	oct locotion)  19 ccurred on the general section of the property of the pro
MEDICAL CERTIFICATION  700  700  700  700  700  700  700  7	OTHER SIGNIFIC TO THE DEA DISEASE OR CO 9A. DATE OF OI  OTHER SIGNIFIC TO THE DEA DISEASE OR CO 9A. DATE OF OI  OTHER SIGNIFIC THE DEA THE DEA THE DEA THE CONTRIBUTION TO TIME THE CONTRIBUTION TO TIME THE CONTRIBUTION TO TIME THE CONTRIBUTION TO THE CONTRIBUTION TO THE CONTRIBUTION TO THE DEA	CANT CONDITIONS TH BUT NOT REL DIDITION CAUSING PERATION 198. CON WAS UNDERLYING CAUSE OF edicol exominer  Wonth) (Doy) (Year)  of (I) (this hospital est sow the deceos rom the causes sta	ATED TO THE BICAL STREET T	OPERATION  E OF INJURY(e.g., in, foctory, street, or continued of the cont	20A. AUTOPSY? (Yes or Yes or Yes or Or obout 21C. WHERE DID ffice bldg., INJURY OCCUR  21F. HOW DID  23D. ADDRESS	No) 208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo  INJURY OCCUR?  19 65 to	2-20- control of the	oct locokon)  19.1  ccurred on t  GNED  20-65



M4/6

VS 151-REV. 1/1/65

UU	2044	DAL	THE COURT OF THE PARTY	LTH DEPARTMENT		65	2044
RTH NO.	MED	DICAL EXA	MINER'S C	ERTIFICATE O	OF DEATH Regi	stered No	C044
LE CASE NO.							
NAME OF DE	CEASED			2. DA	TE AND HOUR PRONOU	NCED DEAD	
ype or Print)	MARCHE	RITE AGNES	MTTRIIPN	1000	2-22-65		9:45 A. N
PLACE IN BAL	TIMORE, MARYLAND,				Where deceased lived. If	institution: reside	
				A. STATE Maryland	В, С	COUNTY	
LL NAME OF	ADDRESS OR LOC	TAL OR INSTITUTIO	N, GIVE STREET	C. CITY OR TOWN (IF	outside corporate limits,	write RURAL ond	give township)
NOITUTIE				Baltimore		12	04
MAR	YLAND GENERA	I. HOSPITAL	- DOA	D. STREET ADDRESS (	If rural, give location)	12	-
		110011111	2011		Paul Street	21218	
SEX	6. RACE	7. MARRIED, NE	VER MARRIED	B. DATE OF BIRTH	9. AGE (In yes		Yr. If Under 24 H
		WIDOWED, DIV		11 0 -7	lost birthday		oys   Hours   Min
Temale	White	Divar	ela	14-25	10 39		
	UPATION (Give kind of wo working life, even if retired)		SINESS OR INDUSTR	TY 11. BIRTHPLACE (Stole o	or foreign country)	12. CITIZEN	COUNTRY?
(9) Re		C+11	elepler	re YI	· Y.	1	lon
FATHER'S NAM	ME	1. V	0	14. MOTHER'S MAIDEN	NAME	X	00
	Janes.	MeD	errough	de	wa M	elder	relak
	ED EVER IN U.S. ARME		SOCIAL	17. INFORMANT		ADDRESS	10/ Rt
, no or unknown	n) (If yes, give wor or do	oles of service)	SECURITY NO.	P-11	P	120-1	120
110	1			torelle	Clyl D	elienn	e range
18.	3.01		CAUS	E OF DEATH			NTERVAL BETWEEN
DISEA	SE OR CONDITION					36 73	
(This door	not meen the mode		(A) Gliot	olastoma multi	forme, right		
heart failure	e, osthenio, etc. It meon	ns the disease,					
	mphonion which coused	d deoth.)	occit	pital pole			
			occip	pital pole			
	ANTECENDENT CAU	SES	(8)	pital pole			******************************
DISEASES RISE TO TH	ANTECENDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A)	SES ANY, GIVING STATING THE	OCCIJ (B) DUE TO	pital pole			
DISEASES RISE TO TH	ANTECENDENT CAUS	SES ANY, GIVING STATING THE	(8)	pital pole			
DISEASES RISE TO TH UNDERLYI	ANTECENDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST	SES ANY, GIVING STATING THE	(B)DUE TO	pital pole			
DISEASES RISE TO TH UNDERLY!!	ANTECENDENT CAU: OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST	SES ANY, GIVING STATING THE	(B)DUE TO	pital pole			
DISEASES RISE TO TH UN DERLY!!	ANTECENDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  II CONTINUE CONDITION DEATH BUT NOT R	SES ANY, GIVING STATING THE  S CONTRIBUTING SELATED TO THE	(B)DUE TO	pital pole			
DISEASES RISE TO TH UNDERLY!!  OTHER SIG TO THE DISEASE O	ANTECENDENT CAU OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  II SNIFICANT CONDITION DEATH BUT NOT R DR CONDITION CAUSIN	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE	(B)(C)		or No. 20R SE YES WER	FINDINGS CO	NSIDERED
DISEASES RISE TO TH UNDERLY!!  OTHER SIG TO THE DISEASE O	ANTECENDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  II SMIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN F OPERATION [198. CO	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE	(B)(C)		or No) 208, 1F YES, WERI		
DISEASES RISE TO THE UNDERLYII  OTHER SIG TO THE DISEASE O	ANTECENDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  II SMIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN F OPERATION [198. CO	SES  ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NG IT. NDITION FOR WHI ERFORMED	(B)(C)	20 A, AUTOPSY? (Yes Yes	IN CERTIFYING C	AUSES OF DEA	TH?
DISEASES RISE TO TH UNDERLYII  OTHER SIG TO THE DISEASE OF THE OF T	ANTECENDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  SINIFICANT CONDITION DEATH BUT NOT R DR CONDITION CAUSIN F OPERATION 198. CO WAS PE	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NG IT. INDITION FOR WHI ERFORMED  21 B. PLA home, for	(B) DUE TO (C)  CH OPERATION  CE OF INJURY (e.g.,	20A. AUTOPSY? (Yes	IN CERTIFYING C Yes  DID (If in Boltimore City	AUSES OF DEA	TH?
DISEASES RISE TO TH UNDERLY!!  OTHER SIG TO THE DISEASE OF 19A. DATE OF 21A. EXTERNA UNDERLYING UTING CAL	ANTECENDENT CAU OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  II SNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN F OPERATION 198. CO WAS PE AL CAUSE WAS OR CONTRIB- JSE OF DEATH.	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NG IT. DIDITION FOR WHI REFORMED  21 B. PLA home, fe	(B) DUE TO  (C)	20 A. AUTOPSY? (Yes Yes in or obout 21 C. WHERE office bldg., INJURY OCC	IN CERTIFYING C Yes DID (If in Boltimore City UR?	AUSES OF DEA	TH?
DISEASES RISE TO TH UNDERLYII  OTHER SIG TO THE DISEASE OF THE OF T	ANTECENDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  SINIFICANT CONDITION DEATH BUT NOT R DR CONDITION CAUSIN F OPERATION 198. CO WAS PE	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NG IT. DIDITION FOR WHI REFORMED  21 B. PLA home, fe	(B) DUE TO (C)  CH OPERATION  CE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes Yes in or obout 21 C. WHERE office bldg., INJURY OCC	IN CERTIFYING C Yes  DID (If in Boltimore City	AUSES OF DEA	TH?
DISEASES RISE TO TH UNDERLY!!  OTHER SIG TO THE DISEASE OF 19A. DATE OF 21A. EXTERNA UNDERLYING UTING CAL 21D TIME	ANTECENDENT CAU OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  II SNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN F OPERATION 198. CO WAS PE AL CAUSE WAS OR CONTRIB- JSE OF DEATH.	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE REFORMED  21 8. PLA home, etc. (Hour) 21 E. WHI	(B) DUE TO  (C)	20A. AUTOPSY? (Yes Yes) in or obout 21C. WHERE office bldg., NJURY OCC	IN CERTIFYING C Yes DID (If in Boltimore City UR?	AUSES OF DEA	TH?
DISEASES RISE TO THE UNDERLY!!  OTHER SIG TO THE DISEASE OF 19A. DATE OF 19A. EXTERNA UNDERLYING UTING CAL 21D TIME 21D TIME OF INJURY (APPROX.)	ANTECENDENT CAU OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  II SINIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN F OPERATION 198. CO WAS PE AL CAUSE WAS OR CONTRIB- JSE OF DEATH.  (Month) (Doy) (Ye	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NG IT.  PODITION FOR WHI REFORMED  21 8. PLA home, fe etc.)  (Hour) 21 E. WHI m. WOR	(B) DUE TO  (C)	20A, AUTOPSY? (Yes Yes in or obout 21C, WHERE office bldg. NJURY OCC	IN CERTIFYING C Yes DID (If in Boltimore City UR?	AUSES OF DEA	TH?
DISEASES RISE TO THE UNDERLY!!  OTHER SIG TO THE DISEASE OF 19A. DATE OF UNDERLYING UNDERLYING UTING CALL 21D TIME OF INJURY (APPROX.)  22.	ANTECENDENT CAU OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  II SNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN F OPERATION 198. CO WAS PE AL CAUSE WAS OR CONTRIB- JSE OF DEATH.  (Month) (Doy) (Ye	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NOTITION FOR WHI REFORMED  21 B. PLA home, feec., etc., whi w. WHI The property of	(B) DUE TO  (C)	20 A. AUTOPSY? (Yes Yes) in or obout 21 C. WHERE office bidg., NJURY OCC 21 F. HOW DI WHILE WORK  Jtapsy A ond that	IN CERTIFYING C Yes DID (If in Boltimore City UR?	AUSES OF DEA	TH?
DISEASES RISE TO THE UNDERLY!!  OTHER SIG TO THE DISEASE OF 19A. DATE OF UNDERLYING UNING CAL 21D TIME OF INJURY (APPROX.)  22.   cer	ANTECENDENT CAU OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  II SINIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN F OPERATION 198. CO WAS PE AL CAUSE WAS OR CONTRIB- JSE OF DEATH.  (Month) (Doy) (Ye	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NOTITION FOR WHI REFORMED  21 B. PLA home, feec., etc., whi w. WHI The property of	(B) DUE TO  (C)	20 A. AUTOPSY? (Yes Yes) in or obout 21 C. WHERE office bidg., NJURY OCC 21 F. HOW DI WHILE WORK  Jtapsy A ond that	IN CERTIFYING C Yes DID (If in Boltimore City UR?	AUSES OF DEA	TH?
DISEASES RISE TO THE UNDERLY!!  OTHER SIG TO THE DISEASE OF 19A. DATE OF UNDERLYING UNDERLYING UNDERLYING UTING CAL 21D TIME OF INJURY (APPROX.)  22.   cer	ANTECENDENT CAU OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  II SNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN F OPERATION 198. CO WAS PE AL CAUSE WAS OR CONTRIB- USE OF DEATH.  (Month) (Doy) (Ye rtify that I held on	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NOTITION FOR WHI REFORMED  21 B. PLA home, feec., etc., whi w. WHI The property of	(B) DUE TO  (C)	20 A, AUTOPSY? (Yes Yes Yes) in or obout 21 C, WHERE office bldg. NJURY OCC  WHILE 21F, HOW DI WORK ond that Homicide	IN CERTIFYING C Yes DID (If in Bottimore City UR?  D INJURY OCCUR?	AUSES OF DEA	TH?
DISEASES RISE TO TH UNDERLY!!  OTHER SIG TO THE DISEASE OF 19A. DATE OF 19A. DATE OF 19A. DATE OF 19A. DATE 21A. EXTERNA UNDERLYING UTING CAL 21D TIME OF INJURY (APPROX.)  22.   cer	ANTECENDENT CAU OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  II SNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN F OPERATION 198. CO WAS PE AL CAUSE WAS OR CONTRIB- JSE OF DEATH.  (Month) (Doy) (Ye rtify that I held on lited from: Natural C	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NOTITION FOR WHI REFORMED  21 B. PLA home, feec., etc., whi w. WHI The property of	(B) DUE TO  (C)	20 A. AUTOPSY? (Yes Yes Yes in or obout 21 C. WHERE office bldg. INJURY OCC 21 F. HOW DI WHILE WORK And the Homicide CHIEF MEDIC.	IN CERTIFYING C Yes DID (If in Bottimore City UR?  D INJURY OCCUR?  on this basis, death Undetermined mo	AUSES OF DEA	TH?
DISEASES RISE TO TH UNDERLY!!  OTHER SIG TO THE DISEASE OF 19A. DATE OF 19A. DATE OF 19A. DATE OF 21A. EXTERNA UNDERLYING UTING CAL 21D TIME OF INJURY (APPROX.)  22.   cer	ANTECENDENT CAU  OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  II SNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN F OPERATION 198. CO WAS PE AL CAUSE WAS JSE OF DEATH.  (Month) (Doy) (Ye  ortify that I held on lited from: Natural c	SES  ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NOTITION FOR WHI ERFORMED  21 8. PLA home, feec. or) (Hour) 21 E. while m. WOR  Inquiry	(B) DUE TO  (C)	20A, AUTOPSY? (Yes Yes) in or obout 21C, WHERE office bldg, INJURY OCC 21F, HOW DI WHILE	IN CERTIFYING C Yes DID (If in Boltimore City UR?  D INJURY OCCUR?  on this basis, death Undetermined mo	AUSES OF DEA	TH?
DISEASES RISE TO TH UNDERLY!!  OTHER SIG TO THE DISEASE OF 19A. DATE OF UNDERLYING UNDERLYING UNTOR CAU 21D TIME OF INJURY (APPROX.)  22.   Cer	ANTECENDENT CAUSE OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  SINIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN F OPERATION 198. CO WAS PE AL CAUSE WAS OR CONTRIB- JSE OF DEATH.  (Month) (Doy) (Ye  ortify that I held on lited from: Natural contributions  AL TURE NER'S DIJCETT	SES ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE NOTITION FOR WHI REFORMED  21 B. PLA home, feec., etc., whi w. WHI The property of	(B) DUE TO  (C)	20 A. AUTOPSY? (Yes Yes Yes in or obout 21 C. WHERE office bldg. INJURY OCC 21 F. HOW DI WHILE WORK And the Homicide CHIEF MEDIC.	IN CERTIFYING C Yes DID (If in Boltimore City UR?  D INJURY OCCUR?  on this basis, death Undetermined mo	AUSES OF DEA	TH?
OTHER SIG TO THE DISEASE OF INJURY (APPROX.)  21.A. EXTERNA UNDERLYING UTING CALL  21.D. TIME OF INJURY (APPROX.)  22. I cerresult of the control of the con	ANTECENDENT CAU  OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  II SNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN F OPERATION 198. CO WAS PE AL CAUSE WAS JOSE OF DEATH.  (Month) (Doy) (Ye  OF THE CONDITION CAUSIN TO PERATION (Doy) (Ye  OF THE CAUSE WAS TO PERATION (DOY) (YE  EMATION, 238. DATE	SES  ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE REFORMED  21 B. PLA home, for etc., or) (Hour) 21 E. WHI work  Inquiry Incouses X Accidents  L S. FISHE	(B) DUE TO  (C)	20 A. AUTOPSY? (Yes Yes Yes office bidg. INJURY OCC 21F. HOW DI WHILE DATE OF THE WORK ASSISTANT MEDICA ASSOCIATE MEDICA	IN CERTIFYING C Yes DID (If in Boltimore City UR?  D INJURY OCCUR?  on this basis, death Undetermined mo AL EXAMINER  AL EXAMINER  AL EXAMINER	AUSES OF DEA	TH? ofion)  DATE SIGNED
DISEASES RISE TO THE UNDERLY!!  OTHER SIG TO THE DISEASE OF 19A. DATE OF 21A. EXTERNA UNDERLYING UTING CAL 21D TIME OF INJURY (APPROX.)  22. I cer resu ACTUA SIGNAT EXAMIN NAME (	ANTECENDENT CAU  OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  II SNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN F OPERATION 198. CO WAS PE AL CAUSE WAS JOSE OF DEATH.  (Month) (Doy) (Ye  OF THE CONDITION CAUSIN TO PERATION (Doy) (Ye  OF THE CAUSE WAS TO PERATION (DOY) (YE  EMATION, 238. DATE	SES  ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE REFORMED  21 B. PLA home, for etc., or) (Hour) 21 E. WHI work  Inquiry Incouses X Accidents  L S. FISHE	(B) DUE TO  (C)	20 A. AUTOPSY? (Yes Yes Yes office bidg. INJURY OCC 21F. HOW DI WHILE DATE OF THE WORK ASSISTANT MEDICA ASSOCIATE MEDICA	IN CERTIFYING C Yes DID (If in Boltimore City UR?  D INJURY OCCUR?  on this basis, death Undetermined ma AL EXAMINER  AL EXAMINER  AL EXAMINER	AUSES OF DEA	TH? ofion)  DATE SIGNED
OTHER SIG TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TH	ANTECENDENT CAU  OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST  II SNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN F OPERATION 198. CO WAS PE AL CAUSE WAS JOSE OF DEATH.  (Month) (Doy) (Ye  OF THE CONDITION CAUSIN TO PERATION (Doy) (Ye  OF THE CAUSE WAS TO PERATION (DOY) (YE  EMATION, 238. DATE	SES  ANY, GIVING STATING THE  S CONTRIBUTING RELATED TO THE REFORMED  21 B. PLA home, for etc., or) (Hour) 21 E. WHI work  Inquiry Incouses X Accidents  L S. FISHE	(B) DUE TO  (C)	20 A. AUTOPSY? (Yes Yes Yes office bidg. INJURY OCC 21F. HOW DI WHILE DATE OF THE WORK ASSISTANT MEDICA ASSOCIATE MEDICA	IN CERTIFYING C Yes DID (If in Boltimore City UR?  D INJURY OCCUR?  On this basis, death Undetermined mo AL EXAMINER AL EXAMINER  AL EXAMINER  23D. LOCATION (C)	n my opinion	TH? ofion)  DATE SIGNED

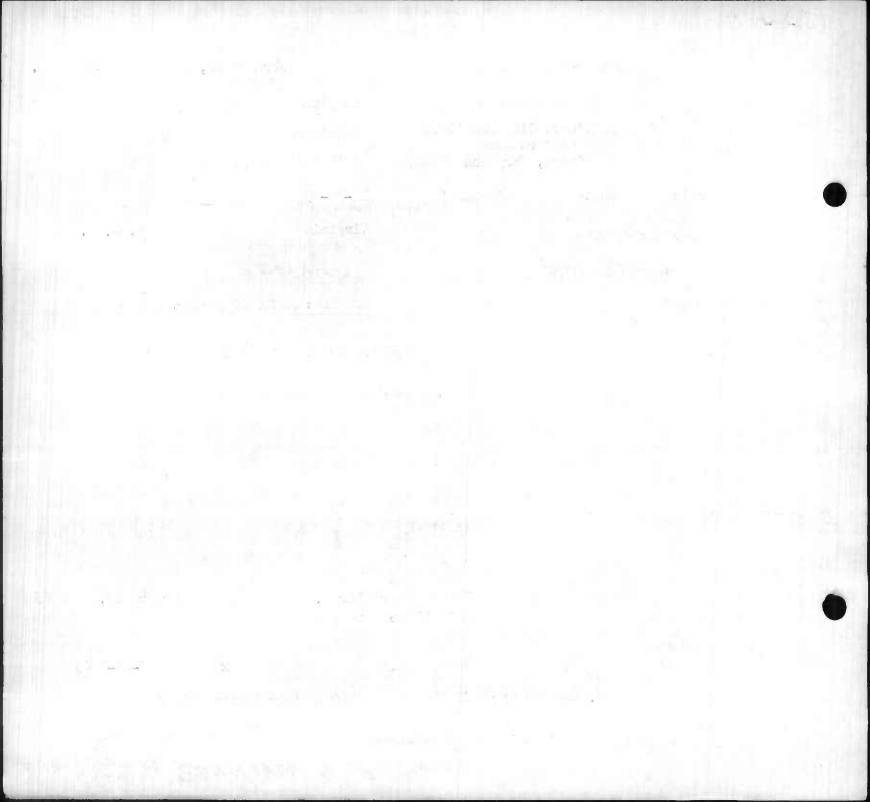


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

FEB 24

VS 150-REV, 1/1/65

M.E. CASE NO.	2045	CERTIFICA		Registered Na.	
1. NAME OF DECEAS				D HOUR OF DEATH	
Set	well Franci:		Februs  14. USUAL RESIDENCE (When	ary 18, 196	6:10
3. PLACE OF DEATH	IN BALTIMORE, MA	RYLAND	A. STATE B. COUN		institution: residence before
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospita) oddress ar location	or institution, give street	Maryland c. CITY OR TOWN (IF out	side city limits, write	RURAL ond give township)
1	Baltimore	City Hospitals	Baltimore		
/	4940 East	ern Avenue		ural, give location)	
	Baltimore	, Maryland 21224	4041 Lewiston	Avenue	21215
5. SEX 6. 1	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under Manths Days Haurs
10A, USUAL OCCUPA	TION (Give kind of work	108, KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF
dane during mast of work	ing life, even if retired)	PT	Virginia		U. S. A.
13. FATHERS NAME	5MAN_	1/6/.	14. MOTHER'S MAIDEN NAM	AF	0. D. A.
/ /		/		1	
UN	INOWN		UNKNOW	10	
15. Was Deceased Eve (Yes, no ar unknown) (If	yes, give war ar date	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
mo		P	RECORDS: BCH 49	940 Eastern	Avenue 2122/
1B. / 10 X	1	CAUSE	OF DEATH		INTERVAL BETY
DISEASE	OR CONDITION DIR	RECTLY			ONSET AND D
LEA	ADING TO DEATH	(A) Uri	inary Tract Infect	tion	
heart foilure, ost injury ar camplio	mean the made of henia, etc. It means calion which caused TECEDENT CAUSES	the disease, death.)  Ber	nign Prostatic Hy	pertrophy	
heart foilure, ost injury at camplic ANT DISEASES OR rise to the	henia, elc. 11 means alion which caused	the disease, death.)  (B) Ber		pertrophy	
hearl foilure, ost injury ar camplic AN1 DISEASES OR rise to the UNDERLYING OUNDERLYING OTHER SIGNIFIC. TO THE DEAT	henia, elc. II means calion which caused FECEDENT CAUSES CONDITIONS, if obave cause (A)	the disease, death.)  Ber  DUE TO  ONLY, giving stoling the (C)  ONTRIBUTING		pertrophy	
hearl foilure, oslinjury ar camplic  AN1  DISEASES OR rise to the ounderstring of  UNDERLYING O	henia, etc. 11 means calion which caused FECEDENT CAUSES CONDITIONS, if above cause (A) ONDITION last.  II ANT CONDITIONS C H BUT NOT RELANDITION CAUSING I	the disease, death.)  Ber.  Out to  Out to  Ontributing the (C)  Ontributing the to the tr.  Diffon for which operation		20R. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
heart foilure, ost injury or camplic ANT DISEASES OR rise to the UNDERLYING OUNDERLYING	henia, etc. 11 means calion which caused recedent causes.  CONDITIONS, if above cause (A) condition last.  II  ANT CONDITIONS COME CAUSING IT CENTRAL CAUSE OF CAUSE OF	the disease, death.)  Ber DUE TO DUE TO ONTRIBUTING STED TO THE TO TO THE TO TO THE TO TO THE	nign Prostatic Hy	208. IF YES, WERE IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location
heart foilure, ost injury or camplic  ANT  DISEASES OR rise to the ounderlying of the peat	henia, etc. 11 means calion which caused recedent causes.  CONDITIONS, if above cause (A) condition last.  II  ANT CONDITIONS COME CAUSING IT CENTRAL CAUSE OF CAUSE OF	the disease, death.)  Ber DUE TO DUE TO ONLY, giving stoling the (C)  ONTRIBUTING STEED TO THE T.  DITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING C.	AUSES OF DEATH?
heart foilure, ost injury or camplic ANT DISEASES OR rise to the UNDERLYING OUNDERLYING	henia, etc. 11 means cation which caused FECEDENT CAUSES CONDITIONS, if obave cause (A) ONDITION last.  II ANT CONDITIONS C (TH BUT NOT RELANDITION CAUSING I PERATION 198. CON WAS PERFORMED CAUSING I CAUSE OF edicol examines)	The disease, death.)  Ber DUE TO  ONTRIBUTING (C)  (Hourd 21B. PLACE OF INJURY (e.g., bame, form, factory, street, etc.)  (Hourd 21E. INJURY OCCURRED (C)  While At (C) (C)  While At (C) (C)  Not William (C)	20A. AUTOPSY? (Yes or No No office bldg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING C.	AUSES OF DEATH?
heart foilure, ost injury or camplic  ANT  DISEASES OR rise to the ounderlying of the peat	henia, etc. 11 means cation which caused FECEDENT CAUSES CONDITIONS, if obave cause (A) ONDITION last.  II ANT CONDITIONS CFH BUT NOT RELANDITION CAUSING I PERATION 198. CON WAS PERFORM CONDITIONS C	The disease, death.)  Ber.  DUE TO  ONTRIBUTING STED TO THE T.  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Willow Work  Not Willow Work	20A. AUTOPSY? (Yes or No No in or about 21C. WHERE DID office bldg., 21F. HOW DID INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo	AUSES OF DEATH?  DIE City, give exact location
hearl foilure, oslinjury ar camplic  ANT  DISEASES OR rise to the ounderlying of  UNDERLYING OF  OTHER SIGNIFIC TO THE DEAT  OTHER DEAT  OR CONTRIBUTING  OR CONTRIBUTING  OR CONTRIBUTING  OR CONTRIBUTING  OF INJURY  (APPROX.)	henia, etc. 11 means cation which caused rECEDENT CAUSES CONDITIONS, if obave cause (A) ONDITION last.  II ANT CONDITIONS C CH BUT NOT RELANDITION CAUSING I PERATION 19B. CON WAS PERFORMED CAUSE OF cau	The disease, death.)  (B)  (B)  DUE TO  DUE TO  ONTRIBUTING STED TO THE T.  DITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Work  At Wa  ) attended the deceased from	20A. AUTOPSY? (Yes or No No office bldg., INJURY OCCUR?  21F. HOW DID INJURY occurs.)	208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo	ore City, give exact location
hearl foilure, oslinjury ar camplic  ANT  DISEASES OR rise to the C UNDERLYING C  OTHER SIGNIFIC TO THE DEAT  DISEASE OR CO  19A. DATE OF OP  21A. ACCIDENT OR CONTRIBUTIN DEATH (natify me  21D. TIME (NOF INJURY (APPROX.))  22. I certify the	henia, etc. 11 means cation which caused rECEDENT CAUSES CONDITIONS, if obave cause (A) ONDITION last.  II ANT CONDITIONS C CH BUT NOT RELANDITION CAUSING I PERATION 19B. CON WAS PERFORMED CAUSE OF cau	The disease, death.)  Ber.  DUE TO  ONTRIBUTING STED TO THE T.  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Willow Work  Not Willow Work	20A. AUTOPSY? (Yes or No No office bidg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo	ore City, give exact location
Hearl foilure, aslinjury ar camplic  ANT DISEASES OR rise to the UNDERLYING OF UNDERLYING OF TO THE DEAT DISEASE OR CO 19A.DATE OF OF OR CONTRIBUTIN DEATH (notify me OF INJURY (APPROX.)  22. I certify the	henia, etc. 11 means calion which caused recedent caused recedent causes.  CONDITIONS, if obave cause (A) conditions lost.  II  ANT CONDITIONS CAUSING IT TO THE LANDITION CAUSING IT TO THE CAUSING IT TO THE CAUSE OF Cau	The disease, death.)  (B)  (B)  DUE TO  DUE TO  ONTRIBUTING STED TO THE T.  DITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Work  At Wa  ) attended the deceased from	20A. AUTOPSY? (Yes or No No No office bidg., NJURY OCCUR?  21F. HOW DID INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo	ore City, give exact location
heart foilure, ast injury ar camplic  ANT DISEASES OR rise to the UNDERLYING OF THE DEAT DISEASE OR CO TO THE DEAT OR CONTRIBUTING	henia, etc. 11 means calion which caused recedent caused recedent causes.  CONDITIONS, if obave cause (A) conditions lost.  II  ANT CONDITIONS CAUSING IT TO THE LANDITION CAUSING IT TO THE CAUSING IT TO THE CAUSE OF Cau	the disease, death.)  Ber DUE TO  ONTRIBUTING STORMED  218. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)  (Hour)  218. INJURY OCCURRED While At Not Work  Work  At Work  ) attended the deceased from add alive on February 18,	20A. AUTOPSY? (Yes or No No No office bidg., NJURY OCCUR?  21F. HOW DID INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo	ore City, give exact location
Hearl foilure, osliniury ar camplic  ANTI DISEASES OR rise to the UNDERLYING OF INJURY (APPROX.)  Hearl foilure, osliniure, osliniury or camplic  ANTI DISEASES OR TO THE DEAT DISEASE OR CO 19A. DATE OF OP OR CONTRIBUTIN DEATH (notify me OF INJURY (APPROX.)  22. I certify the that (I) (we) last and haur and fr	henia, etc. 11 means calion which caused recedent caused recedent causes.  CONDITIONS, if obave cause (A) conditions lost.  II  ANT CONDITIONS CAUSING IT TO THE LANDITION CAUSING IT TO THE CAUSING IT TO THE CAUSE OF Cau	The disease, death.)  Ber.  DUE TO  DUE TO  ONTRIBUTING LIED TO THE T.  DITION FOR WHICH OPERATION  FORMED  218. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not W. No	20A. AUTOPSY? (Yes or No No office bldg., NJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. How DID INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo  URY OCCUR?  9 60 to Feb.	ore City, give exact locations  ore City, give exact locations  or Lary 18, 19
Hearl foilure, asl injury ar camplic ANT DISEASES OR rise to the UNDERLYING OF THE DEAT DISEASE OR CO TO THE DEAT DISEASE OR CO TO THE DEAT DISEASE OR CO TO THE DEAT OR CONTRIBUTIN DEATH (natify me OF INJURY (APPROX.)  21 D. TIME (MOF INJURY (APPROX.)  22. I certify the that (I) (we) last and haur and fr 23A. SIGNATURE	henia, etc. 11 means calion which caused recedent caused recedent causes.  CONDITIONS, if obave cause (A) conditions cause (A) conditions caused recedent causes.  Ant conditions causing if the but not retained to the cause of ca	The disease, death.)  Ber.  DUE TO  DUE TO  ONTRIBUTING LIED TO THE T.  DITION FOR WHICH OPERATION  FORMED  218. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not W. No	20A. AUTOPSY? (Yes or No No office bldg., NJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. How DID INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo  URY OCCUR?  9 60 to Feb.	ore City, give exact locations  or City, give exact locations  or 18 19  or
DISEASES OR rise to the CUNDERLYING CONTRIBUTION OR CONTRIBUTION OF INJURY (APPROX.)  21A. ACCIDENT OR CONTRIBUTION OF INJURY (APPROX.)  22. I certify the that (I) (we) lag and haur and free 23A. SIGNATURE	henia, etc. 11 means cation which caused recedent caused recedent causes.  CONDITIONS, if above cause (A) ONDITION last.  II ANT CONDITIONS C (THE BUT NOT RELANDITION CAUSING I PERATION 198. CON WAS PERFORMED CAUSE OF catical examines)  Annth (Doy) (Year)  Anth (I) (this haspital st saw the decease am the causes stated.	The disease, death.)  Ber.  DUE TO  ONTRIBUTING STORMED  21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Work  Not Work  At work  at addive on February 18, and above. (I) (We) (did) (did nat)	20A. AUTOPSY? (Yes or No No No In or about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY CLOBER 19 65 and the view the bady after death.	208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo  URY OCCUR?  9 60 to Feb  of in(my) (our) ap	ore City, give exact locations  or Drugry 18, 19  ornian death accurred ar  238. DATE SIGNED  2-18-1965
Hearl foilure, asl injury ar camplic ANT DISEASES OR rise to the UNDERLYING OF THE DEAT DISEASE OR CO TO THE DEAT OR CONTRIBUTIN DEATH (natify me OF INJURY (APPROX.)  21 D. TIME (No Injury (APPROX.)  22. I certify the that (I) (we) last and haur and fr 23A. SIGNATURE	henia, etc. 11 means calion which caused recedent caused recedent causes.  CONDITIONS, if obave cause (A) conditions cause (A) conditions caused recedent causes.  Ant conditions causing if the but not related the cause of cause	The disease, death.)  Ber (B)  Born DUE TO  ONTRIBUTING STEED TO THE T.  DITION FOR WHICH OPERATION  PROMED  218. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Work  Work  At Work  At Work  At dealive on February 18, and alive on February 18, and alive on A.D.	20A. AUTOPSY? (Yes or No No No office bldg., No 21F. How DID INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo  URY OCCUR?  9 60 to Feb of in (my) (our) ap  Staff Phys. X	ore City, give exact locations  or City, give exact locations  or Lity, give exact locations  or Lity, give exact locations  or Lity, give exact locations  1238. Date signed  2-18-1965
Hearl foilure, oslinjury ar camplic  ANT DISEASES OR rise to the UNDERLYING CO UNDERLYING CO TO THE DEAT DISEASE OR CO TO THE DEAT DISEASE OR CO TO THE DEAT OR CONTRIBUTIN DEATH (notify me OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify the that (I) (we) last and haur and fr 23A. SIGNATURE	henia, etc. 11 means calion which caused recedent caused recedent causes.  CONDITIONS, if above cause (A) ONDITIONS CAUSED CAUSE	The disease, death.)  Ber.  DUE TO  ONTRIBUTING STORMED  21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Work  Not Work  At work  at addive on February 18, and above. (I) (We) (did) (did nat)	20A. AUTOPSY? (Yes or No No No In or about 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY occur?	208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo  URY OCCUR?  9 60 to Feb of in(my) (our) ap  Staff Phys. X	ore City, give exact locations  or Drugry 18, 19  ornian death accurred ar  238. DATE SIGNED  2-18-1965



1. N (Ty)	e or Print)		(Cal	ldwell)		2, DATE A			1
3. 1	PLACE OF DE	her Stringfe	ARYLAND		4. USUAL RESID	NCE W	ery 22 19	15 nstituti	ion: residence before
	FULL NAME (	OF (If not in hospito oddress or locoti	l or institution, gr	ve street	Mary land			12	-05
	NOITUTITEN						utside city limits, wi	ite RURAI	L ond give township)
1	St.	Joseph's Hosp	pital		D. STREET ADDR	ESS (	f rurol, give location)	)	
					303 E. L	afave	tte A ve.,	21	202
5, 5	EX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthday)	Moi	Under 1 Yr. If Under this Doys Hours
F	emale	Negro	Wid	owed BUSINESS OR INDUSTRY	8-10-199	02	62	120	
		working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	Stote or to	eign country)	12,	CITIZEN OF WHAT COUNTRY?
	eel Exa		Cat's	Paw	Chester,	Sout	Carolina		U.S.A.
	FATHER'S NA				14. MOTHERS M.	AIDEN NA	AME		
		Caldwell		1/ 40011	Mary John	nstan	-		ADDRESS
(Ye	s,no or unknow	d Ever in U. S. Armed Fi n) (If yes, give wor or do	tes of service)	16. SOCIAL SECURITY NO.					
	no			215-22-4366 CAUSE O		en Fi	elds, 307 I	s. La	fayette Ave
	heart foilure,	nol meon the mode of asthenio, etc. It mean mptication which cause ANTECEDENT CAUSE	is the disease, ad deoth.)		ardial Inf				
AL CERTIFICATION	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE EDISEASE OR 194. DATE OF CONTRIB	ashenio, etc. Il mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the obove couse (A) of CONDITION last.  Illicant Conditions DEATH BUT NOT REICCONDITION CAUSING WAS PERMIT WAS UNDERLYING UTING CAUSE OF	CONTRIBUTING LATED TO THE IT  CONTRIBUTING LATED TO THE IT  CONTRIBUTION FOR WERFORMED	(B)	20 A. AUTOPSY	? (Yes or P	No) 208. IF YES, WI	ERE FINDI CAUSES	INGS CONSIDERED OF DEATH? y, give exact location)
DICAL CERTIFICATIO	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE EDISEASE OR 19 A. DATE OF CONTRIB DEATH (notif	ashenio, etc. Il mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the obove couse (A) of CONDITION last.  Il IIIII ON IT ON THE OR OF THE OR O	CONTRIBUTING LATED TO THE	(B)	20A. AUTOPSY	? (Yes or P	No) 208. IF YES, WI	ERE FINDI CAUSES	OF DEATH?
AL CERTIFICATIO	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE DISEASE OR 19A. DATE O  21A. A CCID! OR CONTRIB DEATH (notif	ashenio, etc. Il mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the obove couse (A) of CONDITION last.  Illificant CONDITIONS PLANT NOT RELECTED TO AUSING FOPERATION 198. COWAS PERMIT WAS UNDERLYING UTING CAUSE OF y medical examiner)	CONTRIBUTING LATED TO THE (IT. NOITION FOR W RFORMED  218.1 home etc.) (Hour) 21E. Whill	(B) DUE TO  (C)  PHICH OPERATION  PLACE OF INJURY (e.g., i, form, foctory, street, o)  INJURY OCCURRED  e At Not Whil	20 A. AUTOPSY' n or obout 21 C. WH ffice bldg., INJURY 21 F. HO	? (Yes or P	No) 20B. IF YES, WE IN CERTIFYING	ERE FINDI CAUSES	OF DEATH?
DICAL CERTIFICATIO	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE EDISEASE OR 19A. DATE OF CONTRIBUTION OF INJURY (APPROX.)	ashenio, etc. Il mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the obove couse (A) of CONDITION last.  Illificant CONDITIONS DEATH BUT NOT RET CONDITION CAUSING FOPERATION 19B. COWAS PERMY WAS UNDERLYING UTING CAUSE OF y medical examiner)	CONTRIBUTING LATED TO THE (IT. NOTION FOR W RFORMED  218.1 (Hour) 21E. Whill Work	(B) DUE TO  (C)  PLACE OF INJURY (e.g., i, form, foctory, street, o)  INJURY OCCURRED  e At  Not While At Work	20A. AUTOPSY: n or obout 21C. WH ffice bldg., NJURY 21F. HO	? (Yes or P	ID 208. IF YES, WE IN CERTIFYING (If in Boli	ERE FINDI CAUSES imore City	OF DEATH?
DICAL CERTIFICATIO	DISEASES rise to the UN DERLYIN  OTHER SIGN TO THE E DISEASE OR 19 A. DATE O  21 A. ACCIDIOR CONTRIB DEATH (notif 21 D. TIME OF INJURY (APPROX.)  22. 1 certify that (20 (we	ashenio, etc. Il mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the obove couse (A) of CONDITION last.  Illificant CONDITION fast.  Illificant CONDITION TO REICONDITION CAUSING FOPERATION 198. COWAS PERMY WAS UNDERLYING UTING CAUSE OF the prediction of the couses store the couses store cause of from the couses store cause of the couses store cause of the couses store cause caus	CONTRIBUTING LATED TO THE SIT. NOITION FOR W RFORMED  218. Now (Hour) 21E. Whill Work of) oftended the sed olive on	(B) DUE TO  (C)  (C)  (HICH OPERATION  PLACE OF INJURY (e.g., i o, form, foctory, street, o)  INJURY OCCURRED  e At	20A. AUTOPSY:  n or obout 21C. WH ffice bldg., INJURY  21F. HO  22-1965  19 65  riew the bady off	? (Yes or P	IJURY OCCUR?	ere FINDI CAUSES imore City	of DEATH?  y, give exect lecetion)
MEDICAL CERTIFICATIO	DISEASES rise to the UN DERLYIN  OTHER SIGN TO THE EDISEASE OR 19A. DATE OO  21A. ACCIDIOR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.)  22. 1 certify that (X) (we ond haur or 23A. SIGNAT  23C. PHYSICI NAME (	ashenio, etc. Il mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the obove couse (A) of CONDITION last.  Illificant CONDITION fast.  Illificant CONDITION TO REICONDITION CAUSING FOPERATION 198. CO WAS PERMY WAS UNDERLYING UTING CAUSE OF y medical examiner)  (Month) (Doy) (Year of the couses store the couse store the couses store the couse store the	CONTRIBUTING LATED TO THE IT.	(B) DUE TO  (C)  (C)  PHICH OPERATION  PLACE OF INJURY (e.g., i form, foctory, street, o linguistreet, o lingu	20A. AUTOPSY:  n or obout 21C. WH ffice bldg., INJURY  21F. HO  22-1965  19 65  view the bady off  anding	P(Yes or the property of the p	OD 208. IF YES, WE IN CERTIFYING  (If in Bolti  IJURY OCCUR?  to  that In(pp) (aur)  Stoff Phys. **  Hospital,	ere FINDI CAUSES imore City  2-2 opinian	of DEATH?  y, give exect locotion)  221  deoth occurred or  DATE SIGNED  2-22-1965  N.Caroline
MEDICAL CERTIFICATIO	DISEASES rise to the UN DERLYIN  OTHER SIGN TO THE EDISEASE OR 19A. DATE OO  21A. ACCIDIOR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.)  22. 1 certify that (X) (we ond haur or 23A. SIGNAT  23C. PHYSICI NAME (	ashenio, etc. Il mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the obove couse (A: G CONDITION last.  Illificant Conditions DEATH BUT NOT REICONDITION CAUSING FOPERATION 198. COWAS PERMATION (Doy) (Year of the total part of the t	any, giving he CONTRIBUTING LATED TO THE IT.  CONTRIBUTING CONTRIBUTING LATED TO THE IT.  CONTRIBUTION FOR WRFORMED  218. Whill Work of the contribution of the contri	(B) DUE TO  (C)  PHICH OPERATION  PLACE OF INJURY (e.g., i, form, foctory, street, o)  INJURY OCCURRED  e A1	20A. AUTOPSY:  n or obout 21C. WH ffice bldg., INJURY  21F. HO  22-1965  19 65  view the bady off  anding	P(Yes or the second of the second of	IJURY OCCUR?  19 to	ere FINDI CAUSES imore City  2-2 opinian  238.	deoth occurred or  DATE SIGNED 2-22-1965  N. Caroline  With, or county)

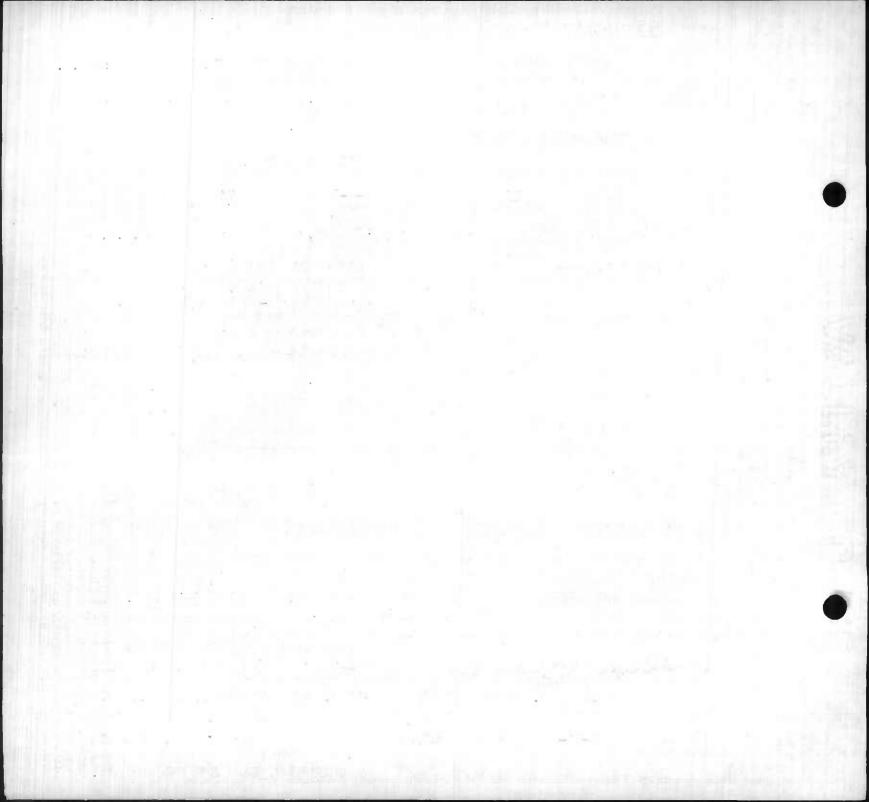
BALTIMODE CITY HEALTH DEDADTMENT

I while the second In the second second \$1 The second of th #10 m(%) . If , milet entit . . . . . ar next winds I

A STATE OF THE STA

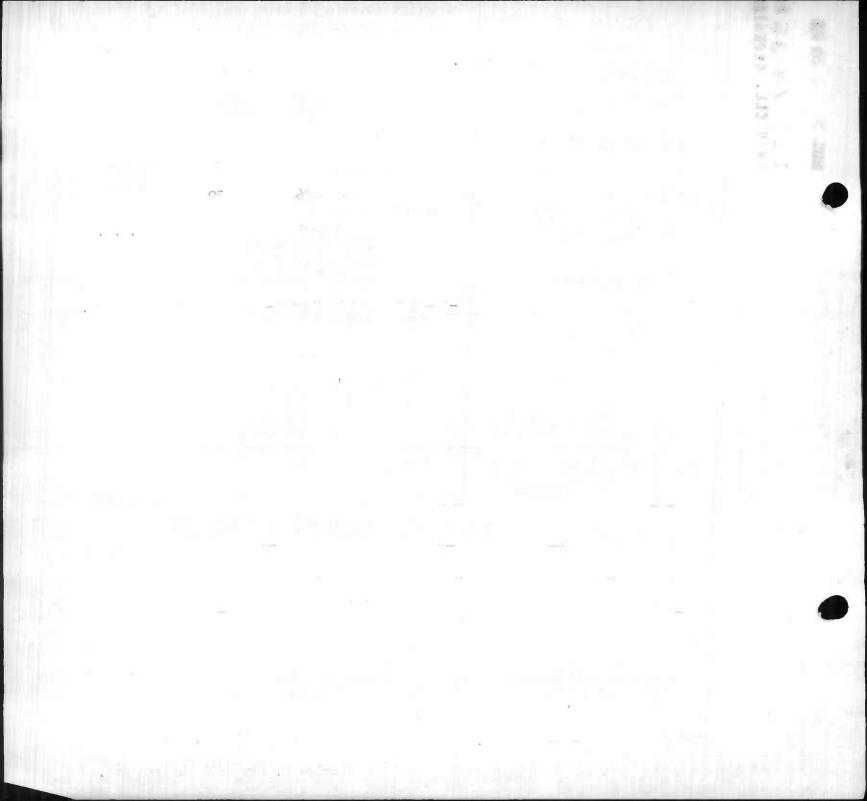
	ME OF DECE or Print)	ARTHUR D	AMERON		Y 22, 1965	5   9:30A.M.
3. PLA	ACE OF DEA	TH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where de		
	LL NAME OF	(If not in hospital	or institution, give street	MARYLAND	/	14/03
	SPITAL OR	oddless or location	)	C. CITY OR TOWN (If outside	city limits, write R	URAL and give township)
0		2116 McGUI	LOH STREET	D. STREET ADDRESS (If rurol	, give location)	
				2116 McCULLOH S		
5. SEX		6. RACE COLORED	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) WIDOWED		GE (In years birthdoy) 74	If Under 1 Yr. If Under Months Doys Hours
		PATION (Give kind of work torking lile, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	1 11. BIRTHPLACE (State or foreign of	country)	12. CITIZEN OF WHAT COUNTRY?
	FISHERM			LILLIAN, VIRGINI	A	U.S.A.
13. FA	THER'S NAM	E				
		mes Dameron		HANNAH HARRIS		
15. Wa (Yes, no	o or unknown)	Ever in U. S. Armed Fore (II yes, give wor or date	s of service)   1 6. SOCIAL   SECURITY NO.	17. INFORMANT	33/ 32 000-	ADDRESS
	NO .		NONE	JOHN DAMERON - 2		LOH ST.
D ris	DISEASES O	asthenio, etc. II means plication which caused INTECEDENT CAUSES R CONDITIONS, if abave couse (A) CONDITION last.	dealh.)  (B)  DUE TO			
ATION CE O	DISEASES OF SECTION OF THE SIGNIF	plication which caused INTECEDENT CAUSES R CONDITIONS, if above couse (A)	death.)  (B)  DUE TO  ony, giving  sloting the (C)  ONTRIBUTING TED TO THE			
ERTIFICATION CE O	ADISEASES OF SELECTION OF THE DESIGNATE	R CONDITIONS, if obave couse (A) CONDITION last.  II CONDITION CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IOPERATION 19B. CONWAS PERF	dealh.)  (B)  DUE TO  ONY, giving  Sloting lhe  (C)  ONTRIBUTING  JED TO THE  T.  DITION FOR WHICH OPERATION  ORMED	[20 A. AUTOPSY? (Yes or No)] 2	DB. IF YES, WERE F N CERTIFYING CAL	INDINGS CONSIDERED
CAL CERTIFICATION	ADISEASES OF SET OF THE DESCRIPTION OF THE DESCRIPT	Plication which caused NTECEDENT CAUSES  R CONDITIONS, if above couse (A) CONDITION last.  II  FICANT CONDITIONS CAUSING I CONDITION CAUSING I OPERATION 198. CON	ONTRIBUTING T.  DITO TO THE T.  DITION FOR WHICH OPERATION ORMED  218. PLACE OF INJURY (e.g.,	[20 A. AUTOPSY? (Yes or No)] 2	DB. IF YES, WERE F N CERTIFYING CAL	INDINGS CONSIDERED
MEDICAL CERTIFICATION	ADISEASES OF SET	Plication which caused NTECEDENT CAUSES  R CONDITIONS, if above cause (A) CONDITION lost.  PLANT CONDITIONS CAUSING TOPERATION 198. CONDITION CAUSING TOPERATION 198. CONDITIONS CONDITIONS CAUSING TOPERATION 198. CONDITIONS CAUSING TOPERATION 198. CONDITIONS CAUSE CA	ONTRIBUTING T.  DITO THE T.  DITION FOR WHICH OPERATION ORMED  218. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	DB, IF YES, WERE F N CERTIFYING CAL (II in Boltimore	INDINGS CONSIDERED
MEDICAL CERTIFICATION  VO 012 01 01 01 01 01 01 01 01 01 01 01 01 01	ADISEASES OF SET OF THE PROPERTY OF THE DEPOSE OF CONTRIBUTE OF THE DEPOSE OF CONTRIBUTE OF THE PROPERTY OF TH	Plication which caused NTECEDENT CAUSES  R CONDITIONS, if abave cause (A) CONDITION last.  PLATE BUT NOT RELACONDITION CAUSING I OPERATION 179B. CONWAS PERFORM CAUSE OF medical examiner)	ONTRIBUTING TI.  DITON FOR WHICH OPERATION ORMED  218 PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)  (Hour)  21E. INJURY OCCURRED While At Not Wh Work  At Work  attended the deceased fram	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	OB, IF YES, WERE F N CERTIFYING CAL (II in Boltimore	City, give exoct locotion)
MEDICAL CERTIFICATION  LICAL CERTIFICATION  SERVICE  CONTROL  CONT	ADISEASES OF SET	Plication which caused NTECEDENT CAUSES  R CONDITIONS, if abave cause (A) CONDITION last.  PLATE BUT NOT RELACONDITION CAUSING I OPERATION 179B. CONWAS PERFORM CAUSE OF medical examiner)	ONTRIBUTING STORMED  218 PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not Wh At Work  At work  At work	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	OB, IF YES, WERE F N CERTIFYING CAL (II in Boltimore	City, give exoct locotion)
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  TO 0 10 10 10 10 10 10 10 10 10 10 10 10 1	ADISEASES OF CONTROL OF THE DESCRIPTION OF THE DESC	Plication which caused INTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION lost.  PLANT CONDITIONS CAUSING TO PERATION 198. CONDITION CAUSING TO PERATION 198. CONDITIONS CAUSING TO CAUSING TO CAUSING TO CAUSE OF Medical examiner)  (Month) (Doy) (Year)  that (I) (this hospital last saw the decease fram the causes state	ONTRIBUTING STORMED  218 PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not Wh At Work  At work  At work	in or about 21C, WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY	OB, IF YES, WERE F N CERTIFYING CAL (II in Boltimore	City, give exact location)
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  TO 0 10 10 10 10 10 10 10 10 10 10 10 10 1	ADISEASES OF CONTROL OF THE DESCRIPTION OF THE DESC	Plication which caused INTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION lost.  PLANT CONDITIONS CAUSING TO PERATION 198. CONDITION CAUSING TO PERATION 198. CONDITIONS CAUSING TO CAUSING TO CAUSING TO CAUSE OF Medical examiner)  (Month) (Doy) (Year)  that (I) (this hospital last saw the decease fram the causes state	ONTRIBUTING STORMED  218. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Wh At Work  At Work  d alive on  ed abave. (I) (We) (did) (did not)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY  19 and that i	OB. IF YES, WERE FOR CERTIFYING CAL  (II in Boltimore  OCCUR?	City, give exoct locotion)
MEDICAL CERTIFICATION  O	DISEASES OF CONTROL OF THE PROPERTY OF THE DEPOSE OF CONTRIBUTE OF THE DEPOSE OF CONTRIBUTE OF THE PROPERTY OF	Plication which caused INTECEDENT CAUSES  R CONDITIONS, if abave cause (A) CONDITION last.  PLANT CONDITIONS CATH BUT NOT RELATED AUSING I OPERATION 198 CONDITION CAUSING I OPERATION 198 CONDITIONS CAUSING I OPERATION 198 CONDITIONS CAUSE OF medical examiner)  (Month) (Doy) (Year) that (I) (this hospital last saw the decease fram the causes states.	ONTRIBUTING STORMED  218. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Wh At Work  At Work  d alive on  ed abave. (I) (We) (did) (did not)	20 A. AUTOPSY? (Yes or No) 21 In or about 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJURY and that i	OB. IF YES, WERE FOR CERTIFYING CAL  (II in Boltimore  OCCUR?	City, give exact location)
MEDICAL CERTIFICATION  O	ADISEASES OF SET	Plication which caused INTECEDENT CAUSES  R CONDITIONS, if abave cause (A) CONDITION last.  PLANT CONDITIONS CATH BUT NOT RELATED AUSING I OPERATION 198 CONDITION CAUSING I OPERATION 198 CONDITIONS CAUSING I OPERATION 198 CONDITIONS CAUSE OF medical examiner)  (Month) (Doy) (Year) that (I) (this hospital last saw the decease fram the causes states.	ONTRIBUTING STORMED  218 PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Wh Work  At Work  d alive on At Work  M.D. At Ph	20A. AUTOPSY? (Yes or No) 21 In or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY  19 and that i view the body after death.  tending Med. Stof Phy  23D. ADDRESS	OB. IF YES, WERE FOR CERTIFYING CAL  (II in Boltimore  OCCUR?	City, give exact location)  2 2 19  nion death accurred an  238. DATE SIGNED
WEDICAL CERTIFICATION  OUT 11  OUT 12  TO 10  OUT 12  TO 10  TO 1	DISEASES OF CONTROL OF THE PROPERTY OF THE DEPOSE OF CONTRIBUTE OF THE DEPOSE OF CONTRIBUTE OF THE PROPERTY OF	Plication which caused INTECEDENT CAUSES  R CONDITIONS, if abave couse (A) CONDITION last.  PLICANT CONDITIONS CATH BUT NOT RELATED TO CAUSING I'S CONDITION CAUSE OF MEDICAL CONDITION CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF CONDITION CAUSE OF CONDI	ONTRIBUTING TED TO THE TO DITION FOR WHICH OPERATION ORMED  218. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Wh Work  At Work  attended the deceased fram ded abave. (I) (We) (did) (did not)  H. Lia Type	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJURY  19 and that i view the body after death.  1ending Med. Stol Phy  23D. ADDRESS  515 N. ARLINGTON	OB. IF YES, WERE FOR CERTIFYING CALL  (II in Boltimore  OCCUR?  ta Corr) opin  (my) ·(our) opin	City, give exact location)  2 2 19  nion death accurred an  238. DATE SIGNED

Attending Phys. Stoff Phys. M.D. Med. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS WILLIAM H. WATTS 515 N. ARLINGTON AVE., BALTO., MD. 24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) BURIAL 2-25-65 SHILOH BAPTIST BURGHES STORE. VIRGINIA 1258. NAME OF REGISTRAN 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS 1965 CHARLES R. LAW 802 MEDISON AVE. VS 150-REV. 1/1/65



	P	30		CD	
18.5 220	0	0 0	-	S	
1	70	0 0	-		
4	pit	0	CIR	Ė	
1.0	05	SIG	棋	e	
auth:	4	2 0	5	0	
50	0	274	9	+	-
	.=	3-4		0	1
	Pe			Pr	
	20	0 6	D	ļ.	B
	70	-	DB	Sec	E
	0	0 0	10	0	15
	th.	•	2	9	On
	0	חם	S	9	=
	f d	50	D.	he	200
	+ .	2	_	+	S
Z	62	g o	ath	0	0
T	ist	Cin a	de	e e	na
X	155	_ X	70	UB	=
0	S	מח	Ce	ğ	0
3	4	of	2	te.	90
	0	₹ 0	0	at	E
FUNERAL DIRECTOR: IMPORTANT	0	: 5	0	10	00
Ö	=	0	٥	5	Ε
E	E.	E	ho	69	0
M	X	X	3	_	DL
2	=	ه <u>س</u>	E E	=	SU
		ns;	Ci	OS	<u>=</u>
7	P -	5 5	XS	3	E
2	E	E d	ph	gu	-
ш	0	g o	0	U	ţ.
5	ch	B	÷	175	9
u.	he -	50	9	ā	fo
	+	D	he	9	pe
	<b>.</b>	2 2	3		D
	Pe	9	td	9	n
	0	9 5	Ce	Pu	10
	d	= =	Ø.	0	op
	8	5 5	=	3	99
	pe-	D =	ite	atl	St
	+s	er	Sp	de	no
	2	Cid e	hc	0	-
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct of contributing exusery demons shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermines cause; (5) Detected	was D.O.A. at a hospital (except where the physician who pronounced death was in regular where the physician who	r	written approval must be obtained before the remains are embalmed or final disposition is made.
	D	SD L	O	ric	Sro
	fic	3 ~	4	<b>d</b>	de
	t.	65	0	Sec	n
	90	N S	0	0	te
	his	10	OS	90	E
	F	S	3	Ö	3

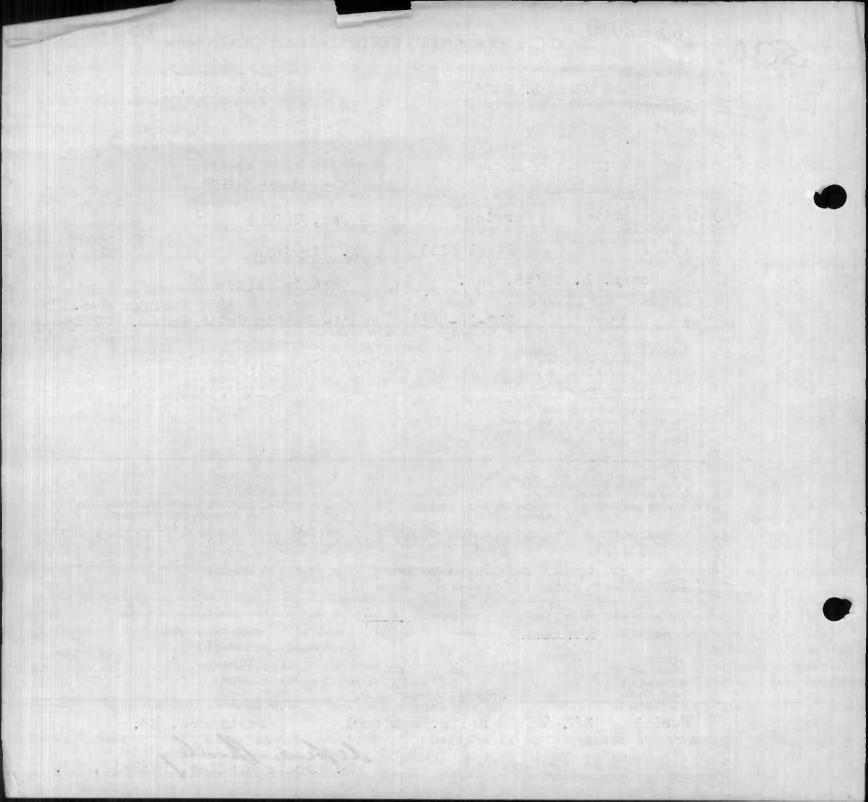
				HEALTH DEPARTMEN	T	65 0040
BIRT	th No. 65 2048	5.539	/ CERTIFICA	TE OF DEATH	H Registered Na.	65 2048
	E. CASE NO. NAME OF DECEASED	0.009			E AND HOUR OF DEATH	
	pe or Print) SWINDELL,	Georgiann	a B.		2/20/65	8:40 P M
3.	PLACE OF DEATH IN BALTIMORE,			4. USUAL RESIDENCE (	Where deceased lived. If i	nstitution: residence befare odmissian)
	FULL NAME OF (If not in hosp	pital or institution,	cive theel	MARYLAND	COUNTY	Bookto
1	HOSPITAL OR oddiess or loc		give sneer	C. CITY OR TOWN	If outside city limits, write	RURAL and give tawnship)
2				RUBAL T	URNERS STAT	TION 53-00
0	THE JOHNS HOP	KINS HO	SPITAL	O. STREET ADDRESS	(If rural, give lacation)	
				414 NEW	PITTSBURGH	AVENUE
No.	SEX 6. RACE	WIDOWE	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Manths Days Hours Min.
	FEMALE   NEGRO		RATED	2-17-26	39	
	A. USUAL OCCUPATION (Give kind of the during mast of warking life, even if retir		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r fareign country)	12. CITIZEN OF WHAT COUNTRY?
	Domestic			Georgia		U.S.A.
3.	FATHER'S NAME	1		14. MOTHER'S MAIDEN	NAME	
	JOHN CLARK			EULA BO	RROW	
S.	Was Deceased Ever in U. S. Armed	Farces?	1 6. SOCIAL	17. INFORMANT	7/ 2	ADDRESS
	No	actes of service)	358-16-8497	Mami a II	(7 / M Tr	1.1.
_	18. 201			PERILE RAYES	- 414 New Pit	INTERVAL BETWEEN
	0001	DIRECTLY	CAUSE	T DEATH		ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA		Unr	er GI bleedi	ng	3 hours
	(This daes not mean the made		DUE TO			
	heart failure, asthenia, etc. It me injury ar camplication which can			dgkin's Disease		4 years
	ANTECEDENT CAUSES (B)					
	DISEASES OR CONDITIONS, if any, giving					
	rise to the above cause		(C)	*******************************		
	UNDERLYING CONDITION last	•				
z	OTHER SIGNIFICANT CONDITION	S CONTRIBUTIN	G			
ATIO	TO THE DEATH BUT NOT OISEASE OR CONDITION CAUSIL	RELATED TO TH	noi	16		
SIC	19A. DATE OF OPERATION 198.	CONDITION FOR	WHICH OPERATION		or No. 208. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	WAS	PERFORMED	-	Yes	IN CERTIFYING CA	AUSES OF DEATH?
S	21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF	1G 218	PLACE OF INJURY (e.g., i			re City, give exact lacotianl
AL	DEATH (natify medical examiner)	etc		Srogi, Into Ki Occo		
EDIC	21D. TIME (Manth) (Oay) (Y	'earl (Haur) 21 E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
\$	OF INJURY (APPROX.)	WH	nile At H			
	22 1 2 1 1 1 1 1 1 1 1 1 1			2/1/65	2	/20 65
	22. I certify that (1) (this hosp		9/90	19 65	19ta	19
	that (T) (we) last sow the deco					Inian death accurred on the dat
	and hour and fram the causes	stated abave. (	I) (We) (did) (did not)	view the bady after de-	ath.	
	23A. SIGNATURE	C.,	M.D. AH	Attending Med. Stoff		238. DATE SIGNED
	Geris V.	togu	Phy	s. Director	Phy s.	2/20/65
	23C. PHYSICIAN'S NAME (Type)	U		23D. ADDRESS		
		Segre	M.D.		ins Hospital	
24/	A. BURIAL CREMATION, 248. DAT	E 24C. N	AME of CEMETERY OF CR	EMATORY 24	ID. LOCATION (C	City, lawn, ar county) (State)
		5-65 M	t. Calvary		Baltimore, Ma	ryland
25/	A. DATE REC'D BY HEALTH DEPT.	-	OR BEGINSON	25C. FUNERAL DIRE		ADDRESS
	FEB 2 4 196	3 Obled	JE, Farley Mil	Charles R.	Law 802 Mad	lison Ave.
1/0	150-PEV 1/1/65					



VS 150-REV. 1/1/65

he perter flation against when maken others

1	65 2050 BALTIMORE CITY HEA	6.3 60.30
5530	M.E. CASE NO.	CERTIFICATE OF DEATH Registered Na.
	ROBERT L. SMITH	February 20, 1965 11:15
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE  B. COUNTY
1	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore D. STREET ADDRESS (If rural, give location)
09	4811 Eastern Avenue	4811 Eastern Avenue
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male White Married	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 His lost birthday)  9. Jan. 1922  43
	done during most of working life, even if retired) Welder  Steel Mill  13. FATHER'S NAME	W. Virginia  14. MOTHER'S MAIDEN NAME
	Homer. L. Smith, Dec.	Nannie Martin
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT 2600 Brannon Ave.
	Yes WWII 213-16-4086	Nannie Martin Smith Balto Md21210
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	eriosclerotic cardiovascular disease
	DISEASE OR CONDITION CAUSING IT.	
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	, in or about 21C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR?
	21D TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.)  WHILE AT NOT WORK AT AT N	21F, HOW DID INJURY OCCUR? WHILE
	22. I certify that I held an Inquiry Inspection Acres Items Natural causes X Accident Suici	utapsy X and that an this bosis, death in my opinion de Hamicide Undetermined manner
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)  John E. Adams,	CHIEF MEDICAL EXAMINER DATE SIGNED  D. ASSISTANT MEDICAL EXAMINER 2  ASSOCIATE MEDICAL EXAMINER 2  M.D.
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY BUTIAL 2/24/65 Balto. Nat	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	FEB 2 4 1965 Robert E. Falley	W. Brooks Bradley, Dundalk, Md.
	VS 151-REV. 1/1/65	



BIRTH NO.		CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	RUTH	
1. NAME OF DEC	ESTELLE HULL	2. date and hour pronounced dead February 20, 1965

5:38 P. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Maryland
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore UNION MEMORIAL HOSPITAL D. STREET ADDRESS (If rural, give location) 3638 Roland Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. WIDO WED, DIVORCED (specify) Months, Doys, Hours, Min. Female White WICOW Jan. 26, 1879 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland USA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Samuel E. Lewis Sadie Walker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SO CIAL 7. INFORMANT ADDRESS (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. Estella Ruth Hull (Deceased) No B. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO disease ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO O **IFICATI** OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Yeor) (Hour) OF INJURY m. WHILE AT NOT WHILE (APPROX.I 22. Inspection X I certify that I held an Inquiry Autapsy ond that on this bosis, death In my opinion resulted fram: Notural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE. 2-21,65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) John E. Adams, M.D. 23A, BURIAL CREMATION, 238. DATE 23C. NAME of CEMETERY of CREMATORY 23 D. LOCATION (Stote) (City, town, or county) REMOVAL (Specify) Burial Feb. 23, 1965 Moreland Memorial Park Baltimore Co., Maryland 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road

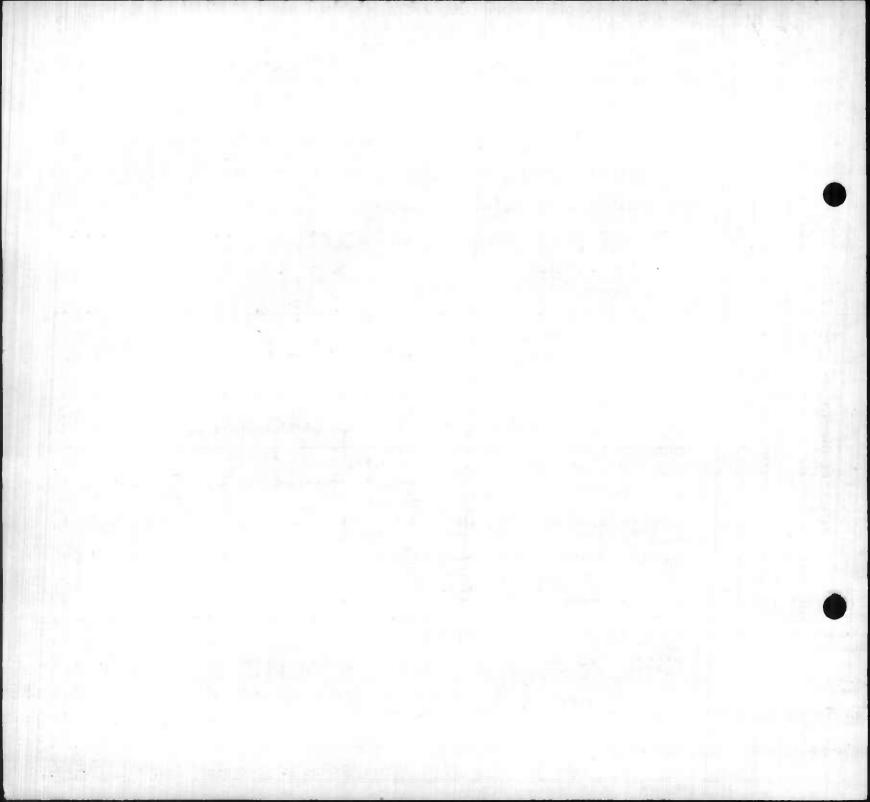
VS 151-REV. 1/1/65

n T

and the second of the second o

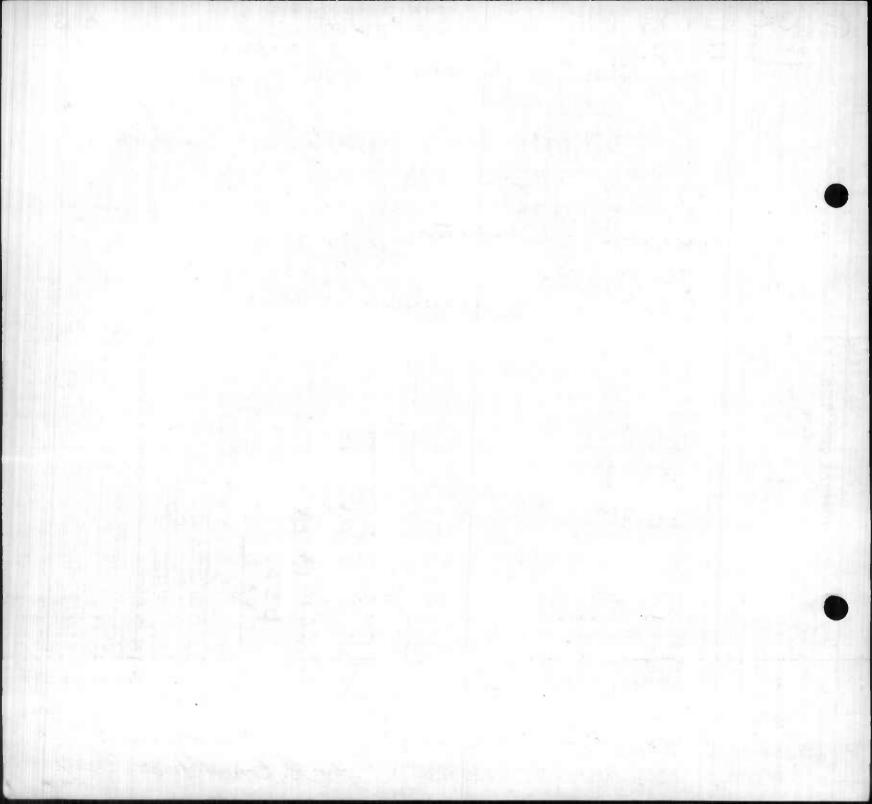
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

00 0000	BALTIMORE CITY	HEALTH DEPARTMENT	00-
BIRTH NO. 65 2052	CERTIFICA	TE OF DEATH Registered No.	65 2052
M.E. CASE NO.  I, NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
Type or Print)	2011 2 22	2/10/	. 1.4 1
Emma Whitter		2/19/61	1:15 17.
PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceased lived. If i	nstitution: residence before odmission
FULL NAME OF (If not in hospital oddress or location INSTITUTION	or institution, give street	C. CITY OR TOWN (If outside city limits, water	RURAL and give township)
O House In Pines		Baltimore D. STREET ADDRESS (If rurol, give locotion)	
5837 Bel Air Ro	oad	1500 Lakeside Avenue	
SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	WIDQWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.
Female White	W∳dowed	7/26/ 1890 74	
A. USUAL OCCUPATION (Give kind of work	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of working life, even if retired)			WHAT COUNTRY?
Graduate Nurse	Hospital	Bradshaw Maryland.	U.S.A.
. FATHERS NAME	1	14. MOTHER'S MAIDEN NAME	
William H. Whitt	ten	Pattie G. Gunther	
		17. INFORMANT	ADDRESS
. Was Deceased Ever in U. S. Armed Fores, no or unknown) (If yes, give war or date	s of service) SECURITY NO.	- INFORMANT	WDDKE22
No		Mrs. Jennie E. Hammond,	Kingsville Md.
18. 44 5 0 , 0	CAUSE O	F DEATH	INTERVAL BETWEEN
	COTI V		ONSET AND DEATH
DISEASE OR CONDITION DIR	RECTLY	inte Paralle Jane	7 /
LEADING TO DEATH	(A) LL	into Paralleli Hus	Janya,
(This does not meon the mode of			7
hearl loilure, asthenia, etc. Il means			0
injury or complication which coused	deoth.)	- 00	
ANTECEDENT CAUSES	(B) An	listice embolin	4 4
ANTECEDENT CAOSES	DUE TO		
DISEASES OR CONDITIONS, II	ony, giving		
rise to the obove couse (A)	stoting the (C)	merch ! Outer ! - land	
UNDERLYING CONDITION Iost.	-		
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO THE	ile Prochosis Paramil to	>2 years.
	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No.) 208. IF YES, WERE	FINDINGS CONSIDERED
		M	
J 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID (If in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	
DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	215 HOW DID WILLIAM DECIME	
OF INJURY		21 F. HOW DID INJURY OCCUR?	
(APPROX)	While At Nat Whil	e	
	Work At Work		/
22. I certify that (1) (this begins	ottended the deceased from	2//3 1964 10	2/19 1965
and I could be seen and a seen as a	- orionided the deceased from		
that (1) (we) last saw the decease	d olive on	2 19 6 f ond that in (my) (our) op	Inion deoth occurred on the a
ond haur ond from the couses stat	red obove. (I) (We) (did) (did nat) v	lew the body ofter deoth.	
23A. SIGN AFURE			23B, DATE SIGNED
KIDO IN K	7	- Hon - Com	0/-
/ (long ) ()	really M.D. After	s. Director Phys.	2/20/11-
32C PHYSICIANES		23 D. ADDRESS	2/20/61
23C. PHYSICIAN'S NAME (Type)		ZSU. AUDKESS MA. D.	n 2
	D Breedles M.D.	7900 Delan Road	Well. 6/20
	B. Bradley		
IA. BURIAL CREMATION, 248, DATE	24C. NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION (C	city, town, or county) (State
REMOVAL (Specify)			
Entomb 2/22/19	65 Tamaina Massas	Dolling Dolling	Man-7 3
	65 Lorraine Mauso	leum Baltimore	Maryland.
SA. DATE REC'D BY HEALTH DEPT.	239. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
FFR 9 / 100F	DORC T.O.	Howard K. Me Comas & So	on Abinadan Ma
1 50 6 4 1300	Ulaka Takeu Hall	THOWALL IL THE COMAS & SC	on, Abingdon, Md.,
'S 150-REV. 1/1/65		2	



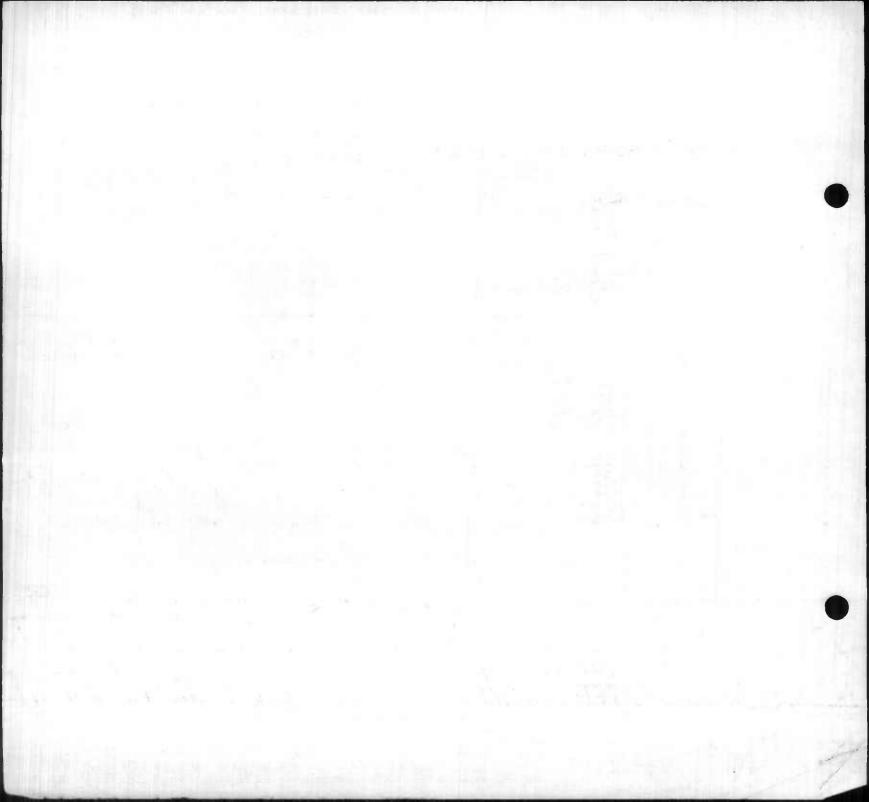
0	1	No.	-	-
5	6	5	~	
-	P -	Pe	he d	
	0	0 0	Su	
	0	0 0	0 -	
	.id	00	9 7	
	0	20	de de	
	-	0.0	p o	
	-	S	9	-
	=	800	B.0	5
	9.	P	7 0	9
	5:	2.5	5 2	ğ
	00	EE	980	S
	4	0 0	7 60	_
	<u> </u>	de	e	io
	P .	5	9	Sis
_	#	5 4	3 +	Sp
Z	=:	B +	+ 5	P
4	sta	e E	0 0	0
2	SSi	EA	P	1
0	0:	<u>- 6</u>	e d	0
3	h:	50,	Juc	D
5	0	4 0	100	E
FUNERAL DIRECTOR: IMPORTANT	-	. 5	0 7	00
Ö	, <u>c</u>	9 0	9 2	E
E	E.	E	ho	0
H	X	X	3 -	0
Ä	₽.	<b>0</b> C	6	ns.
	ip.	SU	ici	ā
A	ne	200	SY I	en
2	4	EX	0.0	0
Z	h:	Po	P.	÷
5	0	B <	+ >	re
1	4	<u> </u>	9 0	efe
	>.	6	5 Z	9
	P	Sp	+3	160
	8 -	ב פ	9 7	9
	070	2 2	Xe	pt
	de	0 5	-	. 0
	0 -	0	4	† 1
	+	ente	Spi	US
	500	P	ho	E
	E.	100	0	B
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	fic	3 ×	4 0	рр
	ŧ.	5	0 6	E
	00	VS.	0 0	10
	nis	9 0	SD	Ē
	F	- v	30	3

	BALTIMORE CITY HEALTH DEPARTMENT						
	BIRTH NO. 65 2053 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	65 2053		
	1. NAME OF DECEASED (Type or Print) Gibson, Arthur	Gordon	Feb	19, 1965	111:30 Pm.		
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give	e brook	A. STATE B. COUN	ne decegled lived. If instit ITY	ution: residence before admission)		
	HOSPITAL OR oddiess or locations, great institution University of	, /	c. CITY OR TOWN (If ou	tside city limits, write RUE	AAL and give township)		
3	Hospital		D. STREET ADDRESS (III	rurol, give locotion)	Yarth		
		EVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH  5-17-89	9. AGE (In years I	f Under 1 Y., If Under 24 Hrs. Norths Doys Hours Min.		
	10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (Stole & fore	ign country)	2. CITIZEN OF WHAT COUNTRY?		
	13. FATHERS NAME	ictor	14. MOTHER'S MAIDEN NA	ME	USH		
	William 615502 15. Was Deceased Ever in U. S. Armed Forces? 16	5- SOCIAL	Mary 17. INFORMANT	Zickef	ADDRESS		
	(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO. 235-39-5090	0 15 91 OV 1				
	DISEASE OR CONDITION DIRECTLY	CAUSE OF		2	INTERVAL BETWEEN ONSET AND DEATH		
1	LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	Materal F	2 euminia	Febr (2MKs)		
	injury or complication which caused death.)  ANTECEDENT CAUSES	(B) DUE TO	erebral Vasi	cular Acut	at 2 WKs		
	DISEASES OR CONDITIONS, if any, giving rise la lhe abave cause (A) stating the UNDERLYING CONDITION last.	(c) Ar	terioselerat	ic Card Vos	as introver		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CARCIN	omp of a	Prostate	At Leas tone		
	198. CONDITION FOR WH WAS PERFORMED  WAS PERFORMED  ARCITION		20A. AUTOPSY? (Yes or No		DINGS CONSIDERED ES OF DEATH?		
	U 21A. ACCIDENT WAS UNDERLYING 21B, PL	ACE OF INJURY (e.g., in form, foctory, street, of	n or obout 21 C. WHERE DID injury OCCUR?	(If in Boltimore C	ity, give exect location)		
		At Not While	21 F. HOW DID INJ	URY OCCUR?			
	22. I certify that (+) (this hospital) attended the	deceased fram	16	19 63 to factorial apinto	eb 19 1965, on death occurred on the dote		
	ond hour ond fram the causes stoted obove (1) (	We) (did) (did not) v			B. DATE SIGNED		
	Lows C. Breset	Phy:		Stoff Phys.	Feb 19 19 15		
	Louis C. Bresch	ni M.D.	Un IVE TO TE	Hosp	Beht M		
	24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specify) 3/22/15 Oak	k Lawn	MATORY 24D.	ocation (city.	lown, or county) (Siote) Bults md		
	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF	REGISTRAR E. Farbey M.A	2SC FUNERAL DIRECTOR	Sand Marie	ADDRESS		
	FFB 2 4 1965 (Robert )	_,	J. C	onney Fe	300		

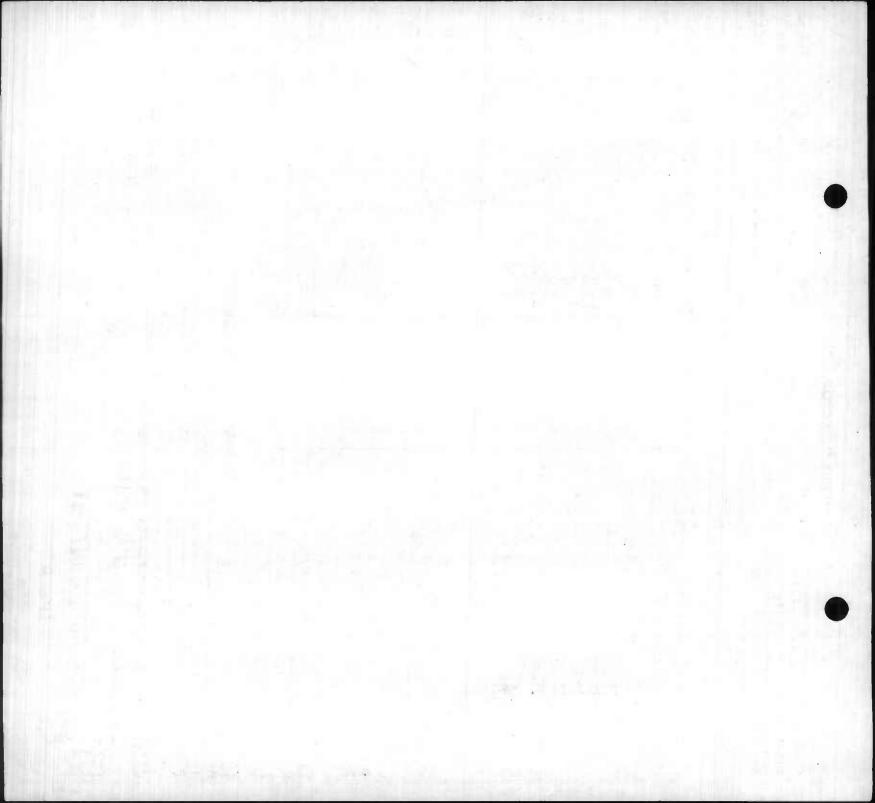


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such Switten approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

	Serverna Park, md.	BALTIMORE CITY	HEALTH DEPARTMENT	ſ	CF	0.0
	4 NO. 65 2034	CERTIFICA	TE OF DEATH	Registered Na.		2054
	. CASE NO.			AND HOUR OF DEATH	4	
	e or Print) KYLE PAI	2. 0416	2-18-65		9 15 M.	
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		Where deceased lived. If	institution: residence	before odmission)	
F	FULL NAME OF (If not in hospital or institution, give street		MARYLAND	ANNE ARUN	DEL	•
			C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
3			SEVERNA PARK			
	THE JOHNS HOPKINS HO	SPITAL	D. STREET ADDRESS 442 WHITE	(If rurol, give location)	-14 (57)	
5. S	EX 6. RACE 7. MARI	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (tn years lost birthday)	If Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min.
	FMALE NEGRO	SINGLE	8-4-63	1	6	
	USUAL OCCUPATION (Give kind of work 10 B. KIN during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	fareign country)	12. CITIZEN OF	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	00	
	CLARENCE PARKER		BRENDA	ALSTON		
15.1	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDR	ESS
(Yes	,no or unknown) (If yes, give wor or dotes of servi		Victoria	parker	3-Bonn	Rave
	1B. 41/X 1	CAUSE O	F DEATH A	,		AL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Manuation		3,	2
	(This does not mean the made of dying,		asporation			men.
	heart failure, asthenia, etc. It means the dise	ase,	1001	1	4	
	ANTECEDENT CAUSES	(B) VCC	iter no	ich opneum	one .	
	DISEASES OR CONDITIONS, if any, gi	DUE TO			-	
	rise to the abave cause (A) slating					
	UNDERLYING CONDITION last.	2				
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	TING	edus arter	ion and	1 . 1 .	6.16
<	DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes	Nol 208. IF YES, VERE	FINDINGS CONSI	DERED
ERTIFIC	WAS PERFORMED				AUSES OF DEATH	?
AL CE	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	YES n or obout 21 C. WHERE DI fice bldg., INJURY OCCUT	D (If in Boltimo	ose City, give exact	locotion)
DIC	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
ME	OF INJURY (APPROX.)	While At Not While			1	
		Work At Work	2/12	65	2/10	65
	22. I certify that (1) (this hospital) attend	4/10	4165	1965 10	4/10	19 05
	that (I) (we) lost saw the deceased alive	on 3/18	19 6 5 on	d that in (my) (our) ap	pinion death occ	urred on the date
	ond hour and from the causes stated above	e. (I) (We) (did) (did nat) v	iew the body ofter dea	ith.		1
	23A. SIGNATURE Ite Min	Rese M.D. Atte	ending Med.	Stoff Phys. 5th	238, DATE SIN	8/65
	23C. PHYSICIAN'S NAME (Type) Defo 2 X/1	Ma	23D. ADDRESS	4 190	1 to 6	SH MO
244	PUBLIAL CREMATION SAFE	SIEG M.D.	VUNNS MO	PKINS MOS	spiral, t	incl., Id.
24 A	REMOVAL (Specily)	C. NAME of CEMETERY OF CRE	MATORT 24	D. LOCATION (	City, town, or dount	M (Stote)
K	3 mal 2, 21-65	7 oncers	loss survivo	Delsga	le 1	1100
25A	FFR 9 4 1985 (258, NA.	ME OF REGISERAR	25C. FUNERAL DIREC	TOX /	// AD	DRESS MIC.
	1 20 6 7 1300 41000	M C' dottes	Malla	mreesetti	UUVVI	della
٧S	150-REV. 1/1/65					



	и но. 65 2055	CERTIFICATE	OF DEATH	Registered No.	65 20
M.E	L CASE NO.	CERTIFICATE			
	De et Print) SHRIVER LAUI	OR MAN		B. 22, 196	5 1 2:11
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	4.	USUAL RESIDENCE (Whe	e deceased lived. It in	
			STATE B. COUN	TY	211
H	FULL NAME OF (If net in hospitol or institution, eddress or location)		CITY OR TOWN (If ou	side city limits, write I	RURAL end give towns
	NSTITUTION		BALTIMI	0	towns and give lovers
8	11 5 21 5	D.	STREET ADDRESS (If	rurel, give location)	( )
(	UNIVERSITY HOSPIT	AL	780 CARI	COLL ST.	(30)
5. S	6. RACE 7. MARRIED	NEVER MARRIED D, DIVORCED (specify)	ATE OF BIRTH	9. AGE (In years lost birthdey)	If Under 1 Yr. If Menths: Deys Her
	F W	'Sarried'	47/89	76	
	USUAL OCCUPATION (Give kind of werk 10B, KIND O	BUSINESS OR INDUSTRY 11.	BIRTHPLACE (State er fore	gn ceuntry)	12. CITIZEN OF WHAT COUNT
-	Lausevel at I	me	bust.		45.
13.	FATHER'S NAME	14.	MOTHERS MAIDEN NA	ME	
	John Sto. lit		he and 1	Omes	
15,	Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL 17.	Many L		ADDRESS
1163	s,ne er unknown) (If yes, give wor er defes of service)	SECURITY NO.	(end , to . )	Il	1/ 50-
_	1B. 3 3 5 4 1 4 5 6 6 6	CAUSE OF D	EATH STATES	sewsine.	INTERVALE
	DISEASE OF CONDITION DIRECTLY				ONSET ANI
	LEADING TO DEATH	(A) CERE	BROVASCULA	? THROMBO.	512 / D,
	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,				
	injury ar complication which caused deoth,)	MYA	CARDIAL 11	NEARCHA	N & DA
	ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, if eny, giving rise to the above cause (A) stating the	1100	ETES MEL		
	UNDERLYING CONDITION less.	(C)			
	II				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN				
CAI	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES. WERE	FINDINGS CONSIDER
CERTIFIC	WAS PERFORMED		NO	IN CERTIFYING CA	USES OF DEATH?
CER	21 A. ACCIDENT WAS UNDERLYING 211 OR CONTRIBUTING CAUSE OF her	B. PLACE OF INJURY (e.g., in or	obout 21C. WHERE DID	(I( in Boltimere	City, give exect leco
AL	DEATH (netify medical examinar)	ne, form, foctory, street, effice	oldg., INJURY OCCUR?		
OIC	21D. TIME (Month) (Dey) (Yeer) (Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME	(APPROX.)	Net While			
<	W.	AT WORK			2./2.1-
<	22. I certify that (I) (this hospital) attended	he decensed from		19 65 10	
4		0 /			
V	that (I) (we) last saw the deceased alive on	2/22	19 65 and th	at in(my) (aur) apl	nion death occurre
V	that (I) (we) last saw the deceased alive on and hour and from the causes stated above. (	2/22	19 65 and th		
V	that (I) (we) last saw the deceased alive on	1) (We) (did) (did not) view	19 65 and the body after death.	at in(my) (aur) api	238. DATE SIGNED
V	that (1) (we) last saw the deceased alive on and hour and from the causes stated above. ( 23A. SIGNATURE  Franklin M. Rec	1) (We) (did) (did not) view  M.D. Atlendin Phys.	19 65 and the body after death.		
V	and hour and from the causes stated above. (23A. SIGNATURE  Joranhlin M. Pres	I) (We) (did) (did not) view  M.D. Allendin Phys.  [SER 23D.	19 G and the the body after death.  9 Med. Director	at in(my) (aur) apl	23B. DATE SIGNED 2/22/
	that (1) (we) last saw the deceased alive on, and hour and from the causes stated above. (23A. SIGNATURE  Jerundlei M. Pres  23C. PHYSICIAN'S NAME (Type)  FRANKLIN H. PRES  FRANKLIN M. TA	1) (We) (did) (did not) view  M.D. Allendin Phys.  ISER  EISER M.D.	19 65 and the the body after death.  9 Med. Director Director DIVERS	Stoff Phys. Hes	
	that (1) (we) last saw the deceased alive on, and hour and from the causes stated above. (23A. SIGNATURE  Jerundlei M. Pres  23C. PHYSICIAN'S NAME (Type)  FRANKLIN H. PRES  FRANKLIN M. TA	I) (We) (did) (did not) view  M.D. Allendin Phys.  [SER 23D.	19 65 and the the body after death.  9 Med. Director Director DIVERS	Stoff N. Hes	23B. DATE SIGNED 2/22/
	that (1) (we) last saw the deceased alive on and hour and from the causes stated above. ( 23A. SIGNATURE  JOSEPHYSICIAN'S NAME (Type) FRANKLIN H. PRE NAME (Type) A. BURIAL CREMATION, 124B, DATE  124C. N	1) (We) (did) (did not) view  M.D. Allendin Phys.  ISER  EISER M.D.	19 65 and the the body after death.  9 Med. Director Director DIVERS	Stoff Phys. Hes	23B. DATE SIGNED 2/22/ PITAL  Ty, town, er county)  Balto. Co.
244	that (1) (we) last saw the deceased alive on, and hour and from the causes stated above. (23A. SIGNATURE  Jacobson M. Pre-  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE  PREMOVAL Specify  24C. N  PREMOVAL Specify  25B. NAME	M.D. Allendin Phys.  ISER  AME of CEMETERY or CREMA  OF REGISTRAD	19 65 and the the body after death.  9 Med. Director Director DIVERS	Stoff Phys. S.  OCATION (Ci	23B. DATE SIGNED 2/22/ PITAL  Ty, town, er county) Balto. Co.
241	that (1) (we) last saw the deceased alive on and hour and from the causes stated above. (23A. SIGNATURE  JOSEPHYSICIAN'S FRANKLIN H. PRE  A. BURIAL CREMATION, 24B. DATE  PREMOVAL-ISpecify  26665	M.D. Allendin Phys.  ISER  AME of CEMETERY or CREMA  OF REGISTRAD	19 65 and the the body after death.  9  Med. Director  ADDRESS  UNIVERS  TORY  24D. L	Stoff Phys. S.  OCATION (Ci	23B. DATE SIGNED 2/22/

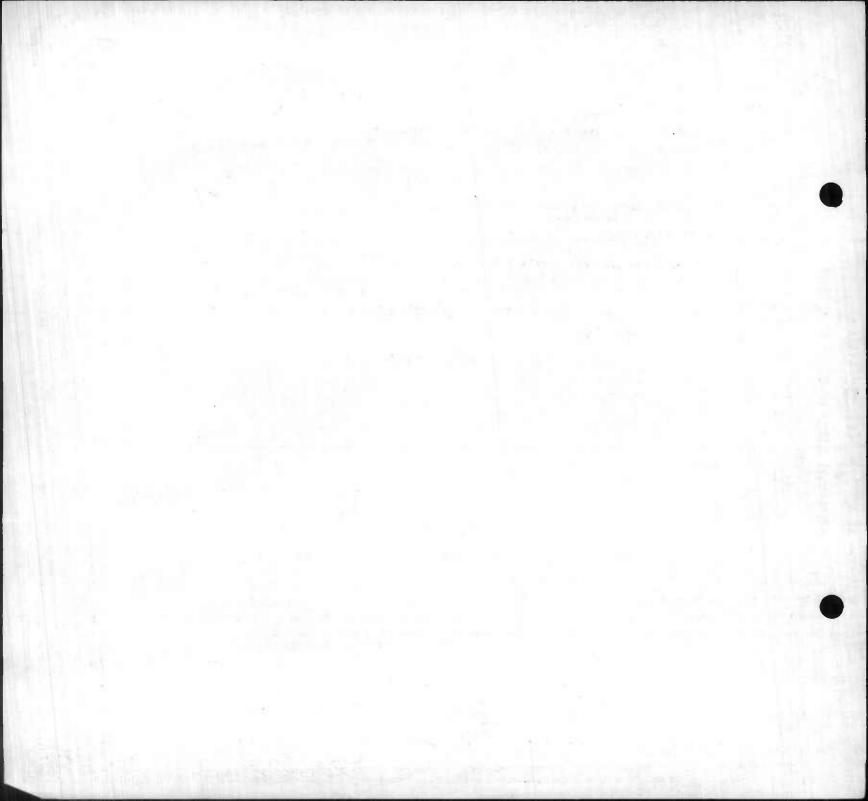


	AME OF DEC	EASED	BABY	GIRL	MITCHE	L		2-	20 <del>-</del> 65		4:58	B AM M
F	ULL NAME O IOSPITAL OR NSTITUTION	oddress o	hospital or in: I location)	stilulion, g	OSPITAL	C		MARY  BALT	re deceased lived.	ite RURAL ond	idence before	odmission)
	, , , ,	. 0011113	HOPKI	IVO II	USFITAL		. SIREEI ADDI		E. FEDE		REET.	
	MALE	COLORE	ED '	VIDOWED	NEVER MARRIED	cify)	2-17-6	5	9. AGE (In years lost birthday)	If Under Months;	3 Hours	
		JPATION (Give kir working life, even if		KIND OF	BUSINESS OR IN	OUSTRY 11.	. BIRTHPLACE	State or fore	ign country)	12. CITIZI	EN OF T COUNTRY?	
13.	FATHER'S NAM	AD T. N	11TCHE	LL		14.	MOTHERS N		EDWARDS			
15. Yes	Was Deceased , no or unknown	Ever in U. S. A. (If yes, give wo	rmed Forces?	service)	1 6. SOCIAL SECURITY NO		INFORMANT	• (1)			ADDRESS	
7		SE OR CONDITI	DEATH			USE OF I		ty	wia	0	NTERVAL BET ONSET AND D	
ATION	DISEASES OF THE TOTAL TO	ANTECEDENT ( DR CONDITION B obove cous G CONDITION FICANT CONDITION EATH BUT NO	CAUSES  NS, if ony, se (A) stollost.  THONS CONT	giving ing The	(C)				uy han		26	AS.
	19A. DATE OF	OPERATION 1		ON FOR W	HICH OPERATIO				IN CERTIFYING		CONSIDERED EATH?	
	21 A. ACCIDER OR CONTRIBL DEATH (notify	TWAS UNDER	LYING OF	21 B. home etc.)	PLACE OF INJUR e, form, foctory, s	Y (e.g., in o treet, office	obout 21 C. WI bldg., INJURY	PERE DID	(If in Bolti	more City, give	exact location	1)
	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) Feb. 20			INJURY OCCURR	ot While L		W DID IN	URY OCCUR?			
	that (I) ( <del>wa)</del> and haur and	last saw the d	deceased al	ive an		****	19 65	and th	19ta at In(my) (ow)	opinian death	accurred a	
	23C. PHYSICIA NAME (T	emete N'S ype)	NETH M	Ja. 10	NES M.	Phys.	O. ADDRESS	STAFF	Stoff Phys.	238. DATE	20/65	
24A	BURIAL CRE	MATION, 24B. D			ME of CEMETER	or CREM			OCATION	(City, town, or	county)	(Stote)
							25C. FUNERA			YAWGA		

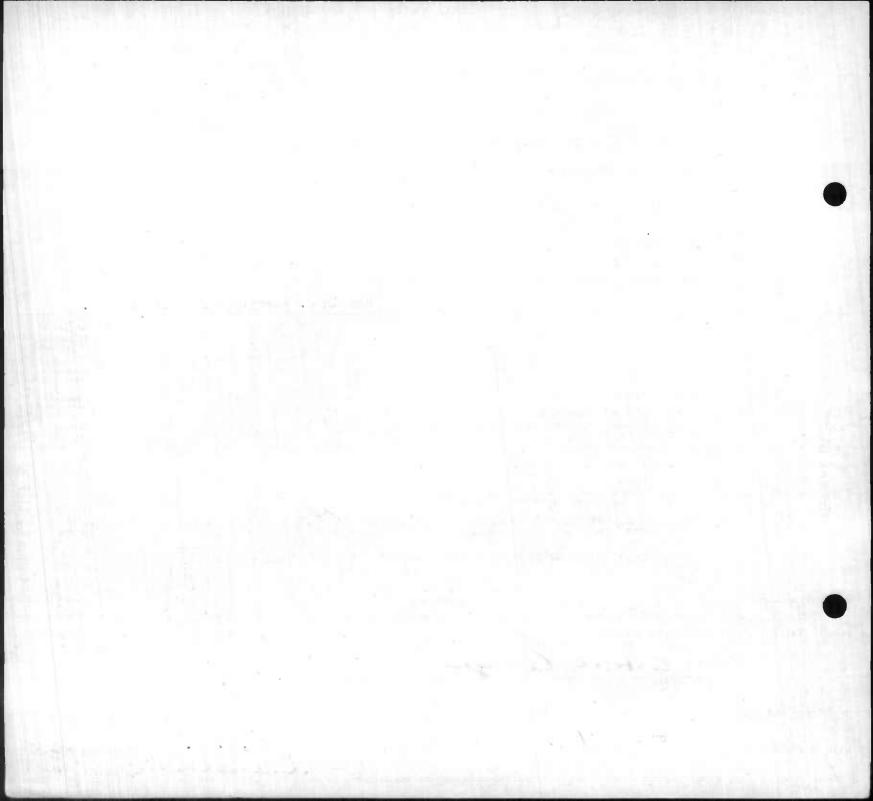
A S O TO THE STATE OF THE STATE

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

05 6	חבויו	BALTIMORE C	ITY HEALTH DEPARTMENT		CE OOM
BIRTH NO. 65 2	1603	CERTIFIC	ATE OF DEATH	Registered No.	65 2057
M.E. CASE NO.		- CERTIFIC		HOUR OF DEATH	
( P	ND FO	14001151			10 27
LEA	NDER	MIGGINEA	LER	18, 1965	12 37 PN
S. FLACE OF DEATH IN	ALTIMORE, MARIEA	ND	A. STATE B. COUNTY	Jeceosea livea, it inst	itution; residence before damission
FULL NAME OF	I not in hospital at ins	titution, give street	MARYLAND	A STATE OF THE PARTY OF THE PAR	001
HOSPITAL OR 0	ddiess or location)		C. CITY OR TOWN (If outside	e city limits, write RU	IRAL and give township)
VAIDERSITY	OF MARYL	AND HOSPITAL	BALTMORE		
BALTIMORE	E MARYLA	N) - 2/201	D. STREET ADDRESS (If ruro		
			323 EDGEL	1000 ST.	
5. SEX 6. RACE		ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yi. If Under 24 Hrs. Manths: Doys Hours: Min.
M	N "	MIDOWED, DIVORCED (specily)	6/19/1895 1051	03	Total Total Total
OA. USUAL OCCUPATION	(Give kind al work 10B.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or fareign		12. CITIZEN OF
lone during most at warking li					WHAT COUNTRY?
LABORER		SCHOOL	BALTO. MD		
3. FATHERS NAME			14. MOTHER'S MAIDEN NAME		
WILLIAM	n R. mo	DONEY			
5. Was Deceased Ever in	U. S. Armed Forces?		17. INFORMANT		- ADDRESS
Yes, no ar unknown) (II yes,	give war or dates of	service) SECURITY NO.	MRS. MARY	moone	7
		2111-09-652	54 1213 E. NUK	2TH AL	16.
18. 5-90 X	1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR C	ONDITION DIRECTI	Υ			ONSET AND DEATH
LEADIN	G TO DEATH	(4)	IREMIA		2.
(This does not mean		g, e.g., DUE TO	IREMIA		
heart failure, asthenic		disease,			
		(B) C	HRONIC RENAL	DISEASE	
ANIECE	DENT CAUSES	DUE TO		******************************	
DISEASES OR COM					
rise to the above		ng The (C)	***************************************		****
ONDERENING COME	11011 1031.				
Z	II	BIBLITING			
OTHER SIGNIFICANT					
DISEASE OR CONDIT			1004	40	
19A. DATE OF OPERAT	WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	N CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
W .			925		
OR CONTRIBUTING	UNDERLYING T	21B. PLACE OF INJURY (e.	office bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacolion)
▼ DEATH (notify medical)	examiner)	etc.)	Since Sings, Interest Cook.		
21D. TIME (Month)	(Day) (Year) (Ho	ur) 21E INJURY OCCURRED	21F. HOW DID INJURY	Y OCCUP?	
S OF INJURY	,		/hile	OCCOR.	
(APPROX)		Work AI W	ark L		
22. I certify that (I)	(this hospital) off	ended the deceased from	FEB 3 19	65 to FEB	1F 1965
			18 19 65 and that		
that (I) (we) lost sa	w the deceased of	ve on	ond that	in (my) (our) opini	on death occurred on the dat
	he couses stated a	bove. (I) (We) (did) (did not	view the body after death.		
23A. SIGNATURE				7	3B. DATE SIGNED
Mart.	C Share	M.D.	Attending Med. Sto Phys. Director Phy	oll ys.	2/18/65
23C. PHYSICIAN'S	- · · · · · · · · · · · ·		23D. ADDRESS	, ». L	
NAME (Type)			UNIVERSITY HOS	PITAL	
MARTI	M C. SHI	argel M.		-21201	
24A. BURIAL CREMATION	, 24B. DATE	24C. NAME of CEMETERY OF			, lown, or county) (State)
REMOVAL (Specify)	2/1./	7.1	. , ,	11 1.	90
Auras	0/22/65	1	un On	Ca. Cy.	mo.
25A. DATE REC'D BY HEA	LTH DEPT. 25B.	NAME OF REGISTRAR	25C-FUNERAL DIRECTOR	e tun	ual ADDREST me
FFR	2.4. 1965 12	Du fo E Jarber M.	16.71	ruid 1	21110 C.
VS 150-REV. 1/1/65	THE WAY			3	



		-04143 6	-	BALTIMORE CIT	Y HEALTH DEPARTMENT		CE OOFO
BIR	TH NO. 60	6.	5 20	58 CERTIFICA	ATE OF DEATH	Registered Na.	65 2058
	E CASE NO.				2, DATE	AND HOUR OF DEATH	
(Ty	pe or Print)	Baby Girl	Sherman		Fe	ebruary 23, 1	.965   3.45 a M
3.	PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W		institution: residence before odmission)
	FULL NAME C	OF (If not in hospital	or institution.	give street	Md		Butte
	HOSPITAL OR	oddress or locotio				outside city limits, write	RURAL and give township)
5		*			Baltimore		33-00
	Chruck	n Home & Hosp	ital			(If rural, give tocation)	201
5. 5	EV	6. RACE W	7 AA A PRIED	NEVER MARRIED	9715 Pulask	Hway (2122	If Under 1 Yr., If Under 24 Hrs.
	1		WIDOWED	S (specify)	2/23/65	tost birthdoy!	Months Days Hours Min.
		working life, even if retired)	IOB. KIND OF	BUSINESS OR INDUSTR	Maryland	oreign cauntry)	12. CFTIZEN OF WHAT COUNTRY?
13.	Marvin	n Sherman	-1		14. MOTHER'S MAIDEN N	Bys Miller	
15.	Wos Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(ie	s, no or unknow	(If yes, give war or date	es of service	SECURITY NO.	Marvin J. She	erman 9715 Pu	laski Hway
-	18. 7 9	1. 1		CAUSE	OF DEATH	7/2/20	INTERVAL BETWEEN
	DISEA	SE OR CONDITION DE	RECTLY	Pr	rematurity		Continuous
	(Th:	LEADING TO DEATH	4	(A)			
	heart failure,	nal mean the made af asthenia, etc. It means	the disease,	DUE TO			
		nplication which caused		(8)			
		ANTECEDENT CAUSES		DUE TO	0 vvvv40vv44vv440.0 0 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		\$\$ \$
	rise to th	OR CONDITIONS, if e abave cause (A)		(C)			
	UNDERLYIN	G CONDITION last.					
ATION	TO THE D	IFICANT CONDITIONS CONTROL OF THE PROPERTY OF	ATED TO TH	G E			
ERTIFICA		F OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CER	21A. ACCIDE	NT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Baltimo	re City, give exact location)
AL	OR CONTRIB	UTING CAUSE OF medical examiner)	hom etc.	e, form, factory, street,	office bldg., INJURY OCCUR?		
EDIC	21 D. TIME	(Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID I	INJURY OCCUR?	
ME	OF INJURY		Wh	ile At 🖂 Not Wh	nile 🗀		
		40.41.4	Wo				2/23/65
		that (1) (this hospita			2/23/65		2/23/6519
							inion death occurred an the date
	and hour an		ted above. (	l) (We) (did) (did nat)	view the bady ofter deat	h.	238, DATE SIGNED
	234. 3101141	utoine (	12.	M.D. AI	Itending Med.	Stoff (77)	2/23/65
	23C. PHYSICIA	·	ino	Ph	ttending Med. Director	Staff Phys.	2/24/07
	NAME (1	(ype)		44.0	23D. ADDRESS	o P. Uponital	
244		Antoine Arras		M.D		e & Hospital	
29 F	REMOVAL			AME of CEMETERY of C			City, town, or county) (State)
25	Remov			Newhouse	25C. FUNERAL DIRECT	Rig, W. Va.	Balte
254	A. DATE REC'D	BY HEALTH DEPT.	D D C	S TO DUMB	25C. FUNERAL DIRECT	ckner Som	MA CHALLE WILL
VE	150-REV. 1/1/	LD 64 1300	Morrida	C' Amtron	and the second	CONTRACTOR AND	- THIS CONGIT ING
4 9	- WW-NE TE 1/1/	~~			\$ /		

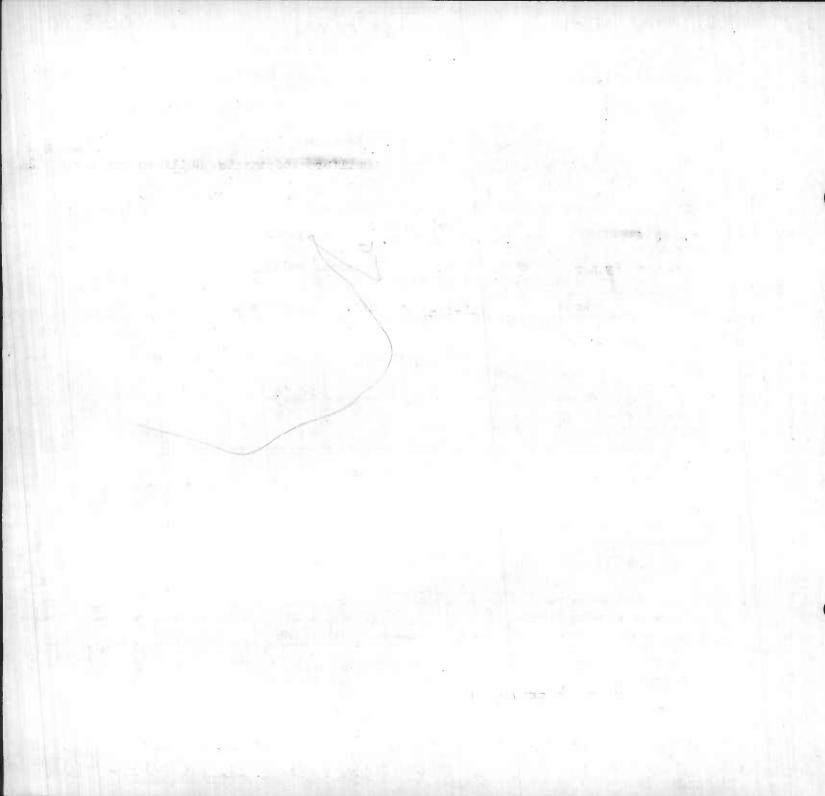


65 2	059	BALTIMORE CITY	HEALTH DEPARTMENT		CE DOES
BIRTH NO.		CERTIFICA	TE OF DEATH	Registered No.	03 2059
M.E. CASE NO.			2. DATE	AND HOUR OF DEATH	
		ILLER		2-23-65	18:30 Am.
3. PLACE OF DEATH IN B	ALTIMORE, MARYLAND			Where deceased lived. If	institution: residence before admission)
FULL NAME OF (IF	not in hospital as institu	No. our stonet	MARYLAND	01411	// ()
HOSPITAL OR od	dress or location)	rion, give sweet	C. CITY OR TOWN (IF	outside city limits, write	RURAL and give township)
INSTITUTION			SEVERNA P	ARK	3200
JOHNS	HOPKINS H	OSPITAL	D. STREET ADDRESS	(If turol, give location)	
			4 EVERGRE	EN ROAD	
5. SEX 6. RACE	1111	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
FEMALE W		DOWED, DIVORCED (specify)	10-21-83	lost birthdoy)	Monins, Doys Hours 1941.
	Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
done during most of working life	, even if retired)				WHAT COUNTRY?
Homemaker 13. FATHER'S NAME			Dorches 14. MOTHER'S MAIDEN I	ster Co., Md.	
	RIEL CANNO	N	VIRGINIA		
				NUARK	
(Yes, no or unknown) (If yes,		ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	h E	vergreen Road
No	None	212-10-8810B	Mr. W. Leslie	Eskridge Se	verna Park, Md.
18.00 4. 1	1	CAUSE O			INTERVAL BETWEEN
DISEASE OR CO	ONDITION DIRECTLY	0	- 101 0	41 1	ONSET AND DEATH
LEA DIN	G TO DEATH	(A) 9-	I bleeding ?	Hypotersian	4days
	the mode of dying, etc. It means the dis-	e.g., DUE TO		1	000000000000000000000000000000000000000
	which coused deoth.)	M.	1-1		
ANTECE	DENT CAUSES	(B)	yelocytre 1	sullima.	<u> </u>
DISEASES OR CON	DITIONS, if any, g	iving			1 1 2
rise to the above	cause (A) stoting		thrombocy to	renia	6 405.
UNDERLYING COND	IIION last.			1	
Z OTHER MENUTIONS	II	UTING			
E TO THE DEATH B	CONDITIONS CONTRIB				
DISEASE OR CONDITION		FOR WHICH OPERATION	20 A. AUTOPSY2 (Yes or	Nol 208. IF YES WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATI	WAS PERFORMED		Yes		AUSES OF DEATH?
U 21 A. ACCIDENT WAS	UNDERLYING	21 B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DIE	D (If in Boltimo	ore City, give exact location)
OR CONTRIBUTING DEATH (notify medical	CAUSE OF	home, form, factory, street, o	ffice bldg., INJURY OCCUR	!?	
0					
21D. TIME (Month) OF INJURY	(Doy) (Year) (Hour)	21 E. INJURY OCCURRED		INJURY OCCUR?	
< (APPROX)		While At Work			
22. I certify that (1)	(this hospital) attend	led the deceased from	1-13	19 65 ta 2	-23 1965
	w the deceased alive	-/- 2	19 65 and		olnion deoth occurred on the date
		ye (I) (We) (Gid) (did nat)			
23A, SIGN AT URE	A Couses stated obo	dia (dia har)	view the body after dec	TN•	23B. DATE SIGNED
		M.D. AH	ending Med.	Stoff A	
ren	uy h.	Phy	s. Director L	Phys	2-23-65
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	11 1	L-+A
		M.D.	John.	topling t	TSpil.
24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE 2	IC. NAME of CEMETERY OF CR	EMATORY 240	D. LOCATION	City, Yown, or county) (State)
Burial	2/26/1965	Cedar Hill Ce	me terv	. A. County,	Margland
25A. DATE REC'D BY HEAL		ME OF REGISTRAR	25C. FUNERAL DIREC		Mary Land
FEB 9		of E. Farley M.A.	1 1 7	in 180	Ballinon
VS 150-REV. 1/1/65	T INGO	W -1 4000-1	Wm. J. Viz	ame trans	north I fan aver
10 100 11 17 17 00					

The last of the last to the last of the la \*\*\*\*\*\*\*\*\*\*

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		0.0	BALTIMORE CITY	HEALTH DEPARTMENT		0000
BIRTH NO. M.E. CASE I	65 20	60	CERTIFICA	TE OF DEATH	Registered No	65 2060
1. NAME OF (Type or Prin	Phill O	s. Em	mp		DHOUR OF DEATH	51 2:05AN
FULL NA. HOSPITAL	OR oddress	hospital or institution, or location)	, give street	C. CLY OR TOWN III out	e decadsed lived. It instituted the control of the lived location of the locat	itution: residence before odmission)
Unio	6. RACE		D, NEVER MARRIED ED, DIVORCED (specify)	Guilford Apart	ments Guilf	ord and North
	OCCUPATION (Give least of working life, even		of Business or Industry ess Girls Lodge	11. BIRTHPLACE (State or forei	gn country)	12, CITIZEN OF WHAT COUNTRY?
Supt.	v.	Dustile	Methodist Ch.	Maryland	ME	
Phe:	legm Sydno	or .		Annie Smith		
Yes, no or un		ror or dotes of service)		17. INFORMANT		ADDRESS
No. 18.	3 / X I	None	212-32-0834 CAUSE O	Mrs. Pauline Bo	ZMAN	INTERVAL BETWEEN ONSET AND DEATH
10.55	LEADING TO	DEATH	(A) De	secting a	eld aneu	12 mm 3/2
heart fa		mode al dying, e.g Il means the diseas h caused deoth.)		di al		5-
rise lo		NS, if any, givin			10 303	
TO THE	SIGNIFICANT COND TE DEATH BUT N E OR CONDITION C	NITIONS CONTRIBUTING TO TAIL AUSING IT.	NG A-S Les	ent dis ease	c anger	1/50.
19A. DA		19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CON	CIDENT WAS UNDESTRIBUTING CAUS	E OF ho	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, oc.)	ffice bldg., INJURY OCCUR?	(II in Boltimore	City, give exact locotion)
21 D. TIM OF INJU	JRY	V	E. INJURY OCCURRED  While At Not Whi At Work		URY OCCUR?	172 112
that (I)	(we) last sow the	deceased olive on				on death occurred on the date
23A, \$1G	NATURE  ISICIAN'S  ME (Type) N R	FREEMAN		ending Med. Director  23D. ADDRESS	Stoff Phys.	23B. DATE SIGNED 2/22/65
REMO	VAL (Specify)		NAME of CEMETERY OF CR			, town, or county) (State)
Bur 25A. DATE	REC'D BY HEALTH D	1965 0 0	riole Cemetery OF REGISTRAR	25C. FUNERAL DIRECTOR	riole, Maryla	Typore, address, 2/2/
VS 150-REV.		1000 MPREY	1 01 100000	wm. J. vierni	ntagno NOV	in de la uves



24A. BURIAL CREMATION, REMOVAL (Specily)

248. DATE

a hospital and

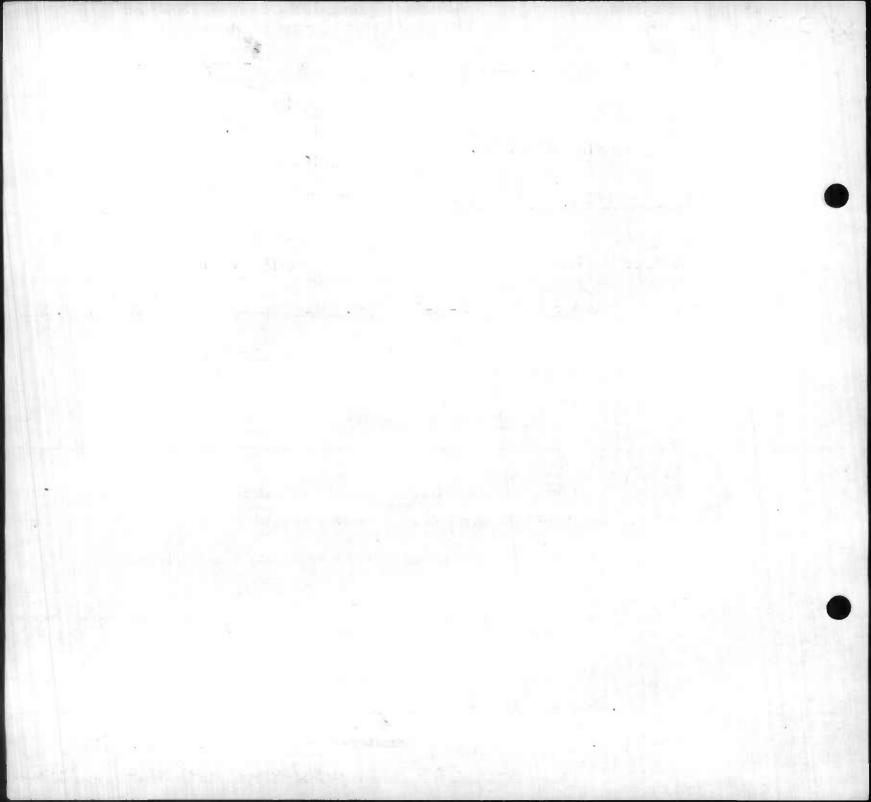
	6	5 2061		BALTIMORE CITY	HEALTH DEPARTMENT		65 2061
	H NO.	) COOT		CERTIFICA	TE OF DEATH	Registered No	
1. N.	AME OF DEC	EDWARD	M. WES	TON	2. DATE	AND HOUR OF DEAT 2-23-65	4,10 AM
3. P	LACE OF DE	TH IN BALTIMORE, MA			4. USUAL RESIDENCE (V		institution: residence before admissign
H	ULL NAME OF	oddress or locotion	1)		MARYLAND c. CITY OR TOWN (IF # 1 MIDVAL	outsido city limits, write	RURAL ond givo township)
2	JOHNS	HOPKINS H	OSPITA	·L. •	BALTIMORE	(If rurol, give location)	
5. SI		6. RACE	WIDOWE	NEVER MARRIED  D, DIVORCED (specily)  RIED	8. DATE OF BIRTH 5-10-95	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	USUAL OCC	WHITE UPATION (Give kind of work			11. BIRTHPLACE (State or		12. CITIZEN OF
	Dye Ch				Pennsylva	nia	WHAT COUNTRY?
13. 1	CHARL	LES WESTON			FRANI	E FITHIAM	
15, V (Yes,	Was Deceased , no or unknown	Ever in U. S. Armed For Officer of the Control of t	ces? s ol sorvico)	16. SOCIAL SECURITY NO.	17. INFORMANT	1	Midvale Road
-	es	World War		212-01-8478	Mrs. Emily Sh		Baltimore, Md. 1
	DISEASES (	ANTECEDENT CAUSES  OR CONDITIONS, if  a abave cause (A)  G CONDITION lost.		DUE TO	action regile	ul aorlu s	roft 22this
ATION	TO THE D	III IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	G E			
RTIFIC		OPERATION 19B. CON WAS PER		which operation	20A. AUTOPSY? (Yes or	No) 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
_	OR CONTRIB	NT WAS UNDERLYING DITING CAUSE OF modical examiner	218	ne, lorm, foctory, stroet, o	in or obout 21 C. WHERE DIE	(II in Baltim	oro City, givo exoct locotion)
	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED  ile At At Work	le 🖳	INJURY OCCUR?	
	that (1) (we)	that (I) (this hospital	d alive an	41am Feb- 2	3 19 65 and view the bady after dear		Fel- 23.19 45
. 1	23A. SIGNATI		Jene		onding Med.	Stoff Phys.	23B. DATE SIGNED
	23C. PHYSICIA NAME (1		E PIER		23 D. ADDRESS		

Cremation 2/23/1965 Loudon Park Crematory
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR
FEB 2 4 1965 Color E. Johnson M. W. Baltimore, VS 150-REV. 1/1/65

24D. LOCATION

(Stote)

24C. NAME of CEMETERY of CREMATORY



r if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased no to death. attendance prior or final disposition is made. regular deceased = MOS the assistant if death attendance on fracture of any pronounced embalmed regular who physician chief medical any nature; (2) Body burns; MOS

are

remains

before the

obtained 9

must

approval

No physician

the

where

(except

and

death) hospital

0

prior

deceased paritten ap

O

was D.O.A. at

the body was released to the hospital shows: (1) An accident of any nature; (3

M.E CASE NO.5

I. NAME OF DECEASED (Type or Print)

FULL NAME OF

HOSPITAL OR

INSTITUTION

STEVENS, IRVAN ARNOLD

oddress or location)

(If not in hospital or institution, give street

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

BALTIMORE CITY HEALTH DEPARTMENT

### CERTII

			CE
FICATE OF	DEATH	Registered No.	00

E OI DETTIII	~00	1
2. DATE AND HOUR OF DEATH		
2/22/65 4. USUAL RESIDENCE (Where deceased lived, If in	1 1:30	PM A
4. USUAL RESIDENCE (Where deceased lived, If in	nstitution: residence before	odmission
A. STATE B. COUNTY	( AV	
Maryland C. CITY OR TOWN (If outside city limits, write	0-01	
C. CITY OR TOWN (If outside city limits, write	RURAL and give township	0)
D - 7 4.4	F	

Veterans Administration Hospital 3900 Loch Raven Blvd., Baltimore, Md.			Baltimore D. STREET ADDRESS (If rurol, give locotion)  1916 East Baltimore Street			
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.	
Male	White	Divorced  work 108 KIND OF BUSINESS OR INDUSTRY	2/5/95	70		
10A. USUAL O	CCUPATION (Give kind o	work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF	

done during most of working life, even if retired) Barber Shop Rock Hall, Maryland
4. MOTHERS MAIDEN NAME USA Barber 13. FATHERS NAME

Virginia Kindall Harry Stevens ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL SECURITY NO.

to 12/19/18 V.A. Hospital, Baltimore. Md. 218019697 Yes INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arterioscleratic Cardiovascular 7 Years LEADING TO DEATH DUEDIsease (This does not mean the made al dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death,)

ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving (c) Cronic Pulmonary Emphysema rise to the above cause (A) stating the UNDERLYING CONDITION last.

CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No! 20B. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED

218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

MEDIC (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work

22. I certify that () (this haspital) attended the deceased from March 9 to February 22 19.65 ond that In(my) (our) opinion death occurred on the date that () (we) lost sow the deceased alive on February 22

and hour and from the causes stated above. (If (We) (dld) (dld not) view the bady after death, 238 DATE SIGNED 23A. SIGNATURE

Attending Stoff M.D. Med. Med. Director 2/22/65 Phys. 23D. ADDRESS 23C. PHYSICIAN'S

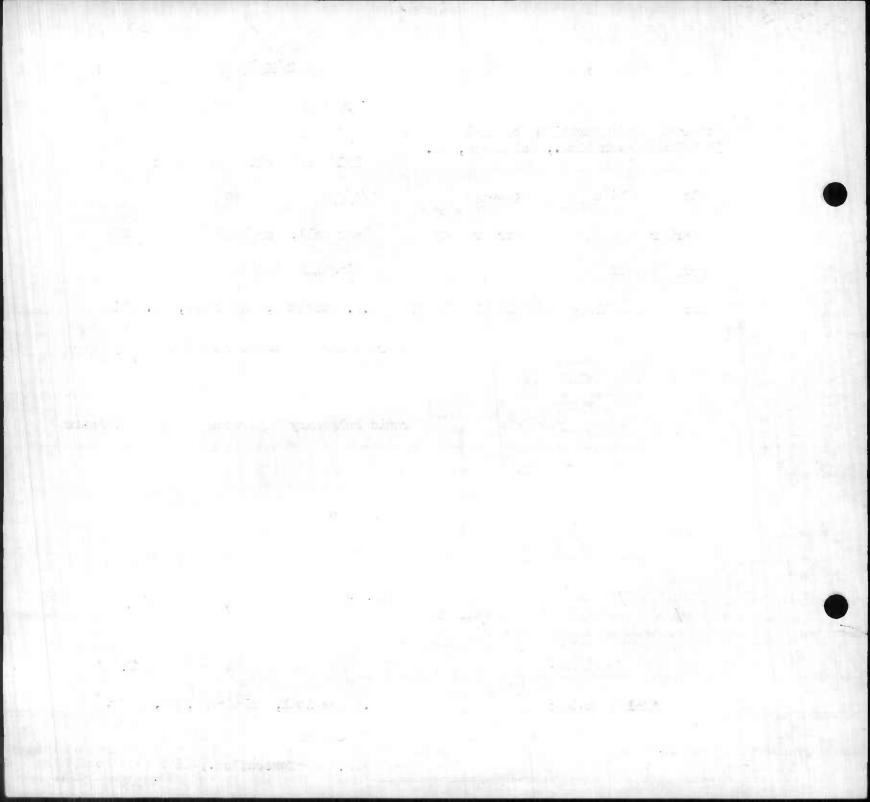
Adolfo Scatena V.A Hospital, Baltimore,

24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) 2-26-65 Baltimore National Cemetery Baltimore

256. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR Wm. Cook Towson, Inc., 1050 York Road, TOWSON

VS 150-REV. 1/1/65

NAME (Type



FUNERAL DIRECTOR: IMPORTANT	F.6
icate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	5
Mas released to the hospital by a medical examiner. Also, it the direct of contributing cause of action and accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	2
t, at a nospital (except where the physician who pronounced again was in regular attendance on the prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	1

approval

shows: (1) An was D.O.A. a

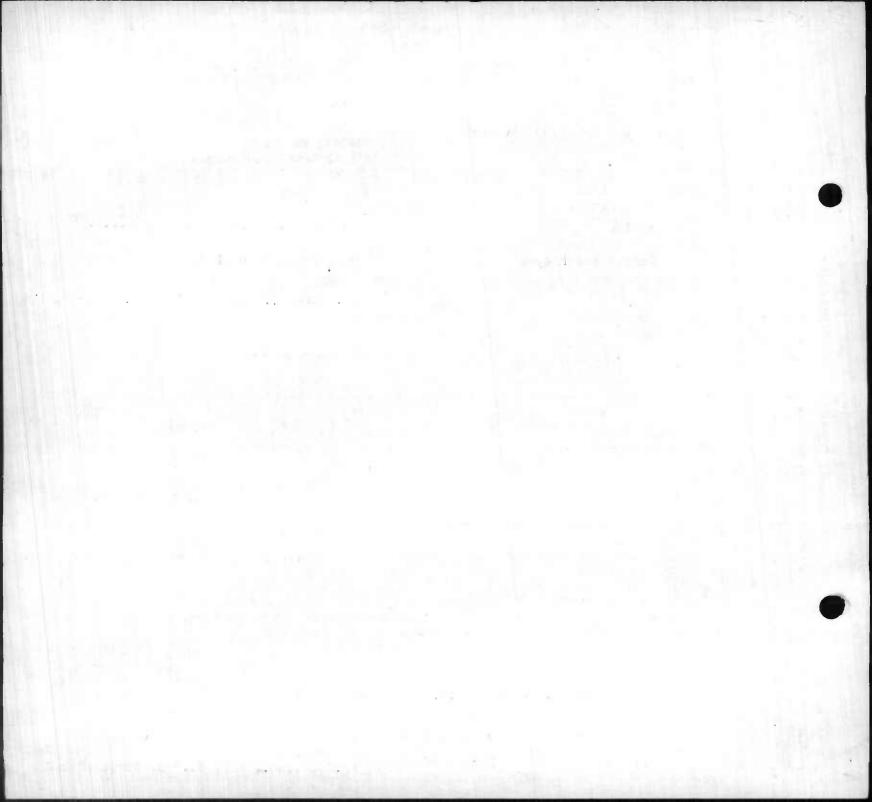
eceased

ŏ

body was

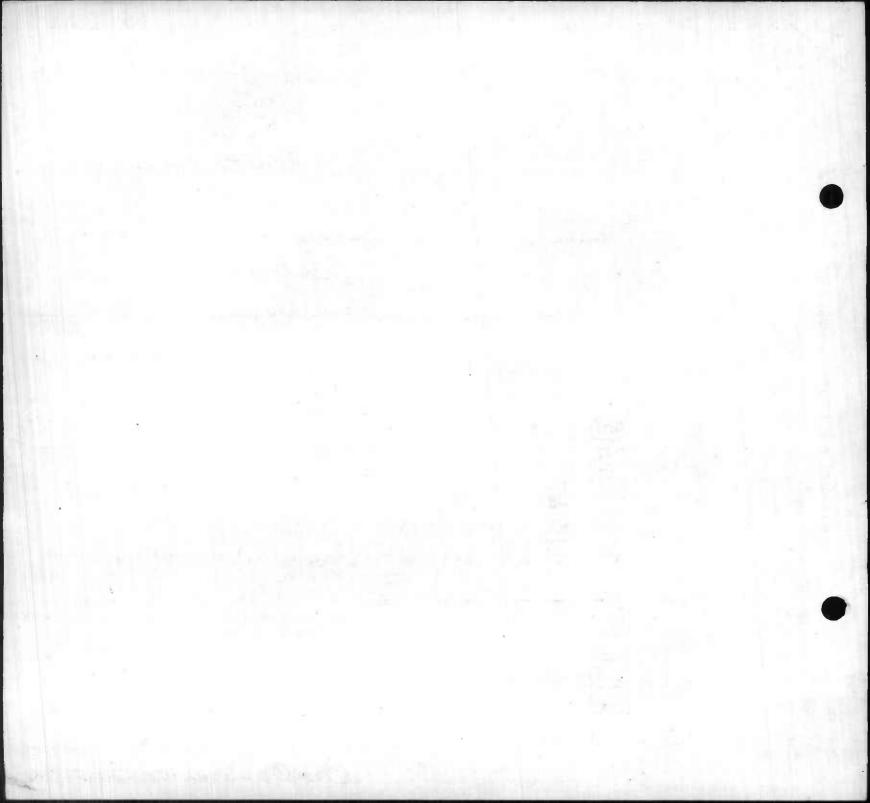
BALTIMORE CITY HEALTH DEPARTMENT 65 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) Bertha Frances Frank February 22, 1965 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL INSTITUTION Baltimore 21213 3132 Ravenwood Avenue D. STREET ADDRESS (If rurol, give location) Baltimore, Maryland 3132 Ravenwood Avenue made. Il Under 24 Hrs. 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. 6. RACE 5. SEX Hours lost birthdoy! WIDOWED, DIVORCED (specily) female white May 20,;881 widowed .5 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working lile, even if retired)
Housewife Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George Ruschmeyer Mary Frances Ruschmeyer ADDRESS 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL final (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. Mrs. Ethel A. Piner, 3132 Ravenwood Ave, 21213 nc none CAUSE OF DEATH INTERVAL BETWEEN 10 ONSET AND DEATH erlosciero DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death,) E ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. mains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or Noll 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, alfice bldg., INJURY OCCUR? (II in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased, from. that (1) (wa) last sow the deceased alive on. 19 65 pe ond that in (my) (aux) opinion death occurred on the date ond hour and from the causes stated above. (1) (Wa) (did) (did not) view the body after death. must

23 B. DATE SIGNED 23A. SIGN ATURE Allending L Med. Stoll M.D. Phys. Director \_\_\_ Phys. L 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) William H. Fusting, M.D. 4230 Loch Raven Blvd, Baltimore 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 5829 Ritchie Highway, 21225 BURIAL 2-26-65 Cedar Hill Cemetery 25C. FUNERAL DIRECTOR 25A, DATE REC'D BY HEALTH DEPT. Wm.Cook, Inc. 1217 St.Paul Street, 21202 VS 150-REV. 1/1/65



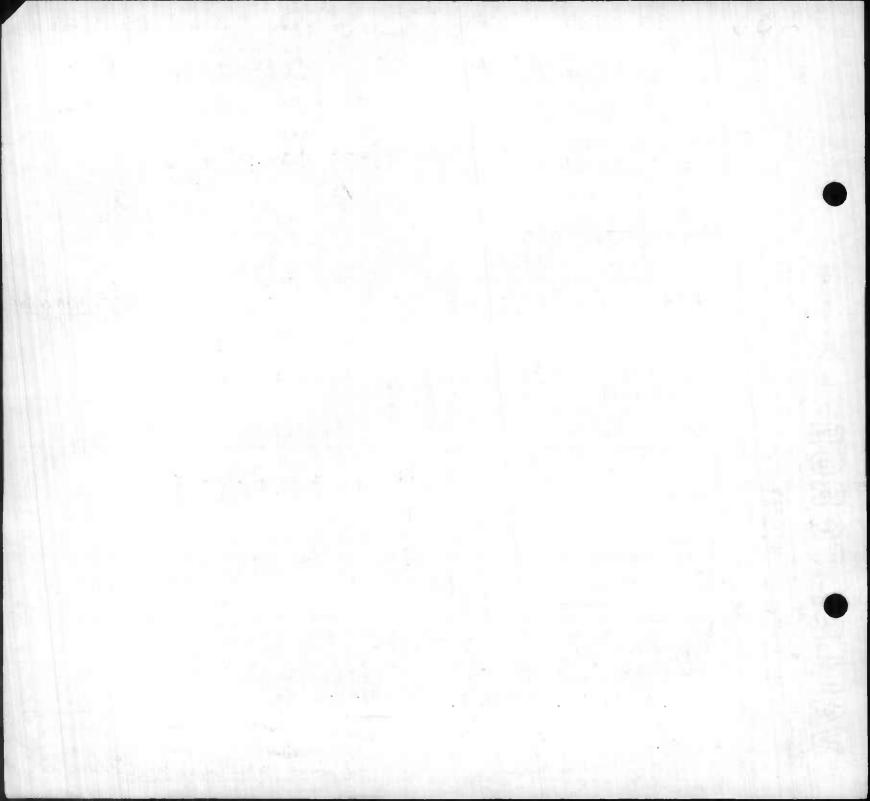
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	BALTIMORE CI	TY HEALTH DEPARTMENT	CF 000
BIRTH NO. 65 2064	CERTIFIC	ATE OF DEATH Reg	istered No. 65 2064
I, NAME OF DECEASED	an L	2. DATE AND HOU	R OF DEATH
3. PLACE OF DEATH IN BALTIMORE MARY	lay low	Je Hellal Besterice (When	L 21-196 SA, A
S. FEACE OF DEATH IN BALLIMORE, MARI		A. STATE B. COUNTY	1 () A -
FULL NAME OF (If not in hospital or oddiess or location)	institution, give street	C. CITY OR TOWN (If outside city	and 10-01
INSTITUTION		Par 17	limits, write RURAL and give township)
0	I Or	D. STREET ADDRESS (If rurol, giv	e location)
1005 Benn	ell Place.	1005 Branto	Bennett Clave
5. SEX 6. RACE 7	. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE	(In years If Under 1 Yr., If Under 24 His
Tenul C	Widowed	anil 15-1886 7	8
10A, USUAL OCCUPATION (Give kind of work) done during most of working life, even if refired)	OB, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign count	12. CITIZEN OF WHAT COUNTRY?
) torusuuli		Shows Va	481
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Jour		1 m Romon	
15. Was Deceised Ever in U. S. Armed Perce (Yes, no or unknown) (If yes, give wor or dales	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		maria Comenta-	1 0
18. 49/8	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	CTLY	1	ONSET AND DEATH
LEADING TO DEATH	lying, e.g., DUE TO	Uremea	2/14/65-2/21/6
hearl failure, asthenia, etc. 11 meons 1	he diseose,		
ANTECEDENT CAUSES	(B)	Chronic Nelstant	La
DISEASES OR CONDITIONS, if or	DUE TO		4
rise to the obove cause (A)		Bronthe Preumon	ua 2/13/65-2/21/6
UNDERLYING CONDITION last.		1	,
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING		
TO THE DEATH BUT NOT RELAT	ED TO THE	Carlie - Vas well	W Miseard
	ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. II	F YES, WERE FINDINGS CONSIDERED RETIFYING CAUSES OF DEATH?
hone	***************************************	NO	
OR CONTRIBUTING CAUSE OF	home, form, foctory, stied	office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
DEATH (notify medical examiner)	etc.)		
OF INJURY (Month) (Doy) (Year)	(Hour) 21E. INJURY CCURRED While At Not W	21F. HOW PID INJURY OC	CUR?
(APPROX)	Work At Wo		
22. I certify that (1) (this hospital)	attended the deceased fram	Del 13 1965	10 21 1965
that (I) (we) last saw the deceased	alive an Feli	1965 and that In(m	y) (aux) apinian death accurred an the da
and hour and from the causes state	d abave. (1) (We) (did) (did.eet)	view the bady after death.	
23A. SIGNATURE			23B. DATE SIGNED
Kal	the Hours M.D. &	ttending Med. Stoff Phys.	2/23/65
23C. PHYSICIAN'S NAME (Type)	0 1	23D. ADDRESS	
Kalph	J. young M.	1332 ~ Mane	ment & Balto Md
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C NAME OF CEMETERY OF C	REMATORY 24D. LOCATION	
Burel 2/24/19	w Christies (	Eul Ba	eto me
25A. DATE REC'D BY HEALTH DEPT.	SE NAME OF REGISTRAR DEUP.	25C. FUNERAL DIRECTOR	ADDRESS
I ED DI 1000	Motion C' donner.	Classe Carl	sin 1000 Brantagle
VS 150-REV. 1/1/65	6		



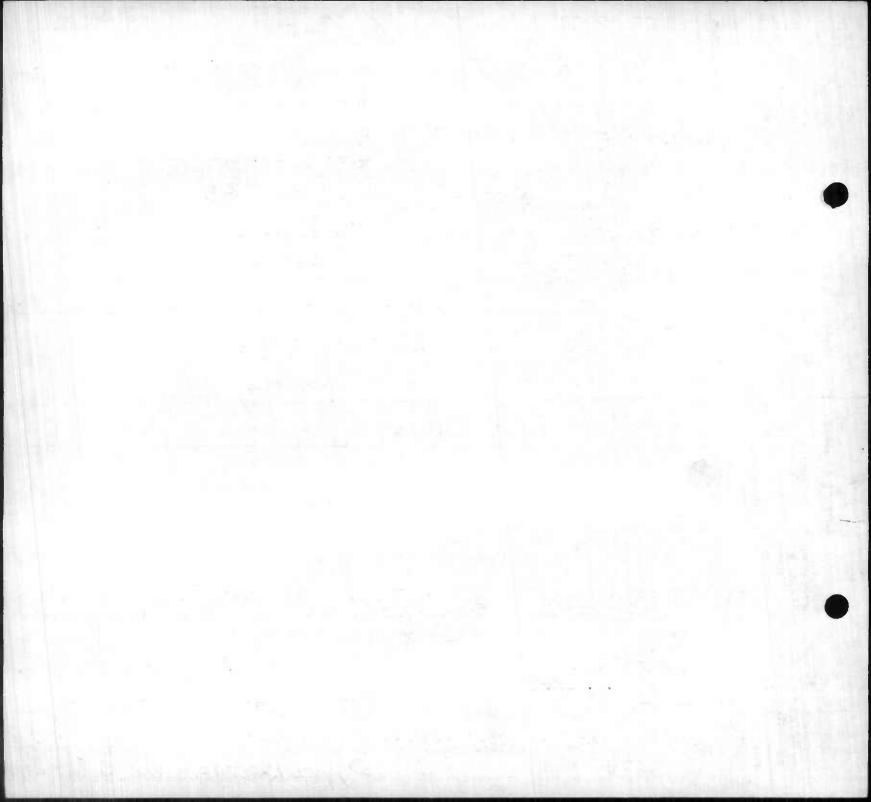
FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased(5)
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

0000	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. 65 2065	CERTIFICA	ATE OF DEATH	Registered No	65 2065
I. NAME OF DECEASED			D HOUR OF DEATH	
JOSEPH JAMES	VACER	FEBRI		9651 11:05 A.M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		titution: residence before odmission)
FULL NAME OF (If not in hospital or institu	tion, give street	MARYLAND		26-03
MOSPITAL OR oddress or locotion)		C. CITY OR TOWN (If out	side city limits, write RI	URAL and give township)
		BALTIMORE		
UNION MEMORIAL HOS	SPITAL		rurol, give location)	
			RA AVENUS	
CARLE WIDE	RIED, NEVER MARRIED DWED, DIVORCED (specify)	11/18/97	9. AGE (In years tost birthdoy) 6 7	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
UNEMPLOYED RETIRE!	)	MARYLAND		U.S.A.
13. FATHERS NAME		14. MOTHERS MAIDEN NAM	ME	
- VAC	EK	ROSE 3		
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT FAM	1/1/	ADDRESS
(Yes, no or unknown) (III yes, give wor or dotes of serv	SECURITY NO. 220-05-785	1.		375171 MARRIAN
18.		OF DEATH	.5.00	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	CAUSE	t-		ONSET AND DEATH
LEADING TO DEATH	Pul	lunory luber	2 culpsin	
(This does not mean the made of dying,				>
heart failure, asthenia, etc. It means the disc injury at complication which caused death.)	agse,	a condital in	foret 1	+
ANTECEDENT CAUSES	(B) (VUVV)	acordial mi	1 vove	Ulut
DISEASES OR CONDITIONS, if any, g	iving			11.1734
rise to the above cause (A) stating UNDERLYING CONDITION tast.	the (C)			
DIVERSITING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIB	JTING			
TO THE DEATH BUT NOT RELATED TO	THE		105/	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO OISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not Whi			
22. I certify that (I) (this hospital) attend			1965 to FEB	7.7- 1965
that (I) (we) lost sow the deceased olive			Marine	ian deoth occurred on the date
ond haur and from the causes stated above				The state of the s
23A SIGNATURE	e. (1) (Me) (did) (did libi)	view the body offer deoff.		23B, DATE SIGNED
11/10 Distriction	7. (1) M.D. At	tending Med.	Stoll Phys.	
23C. PHYSICIAN'S	Ph.	ys. Oirector 23D. ADDRESS	rnys. 🖂	FEB 22, 1965
NAME (Type)	TON, JR. M.O.	Isasiani name	MORIAL HO	SPITAL
	IC. NAME of CEMETERY of G			0
REMOVAL (Specily)	2 diese la Al	7/00/01	OCATION (City	y, lown, or county) (State)
BURIAL J-167881	JOHEMIAN NA	11001- 13	RLTC, MU	/
PEB 2 4 1965 PEB	b E talley M.A.	250 FUNERAL DIRECTOR	mobilio 54	HY BELAIR RD.
VS 150-REV. 1/1/65		5 9		



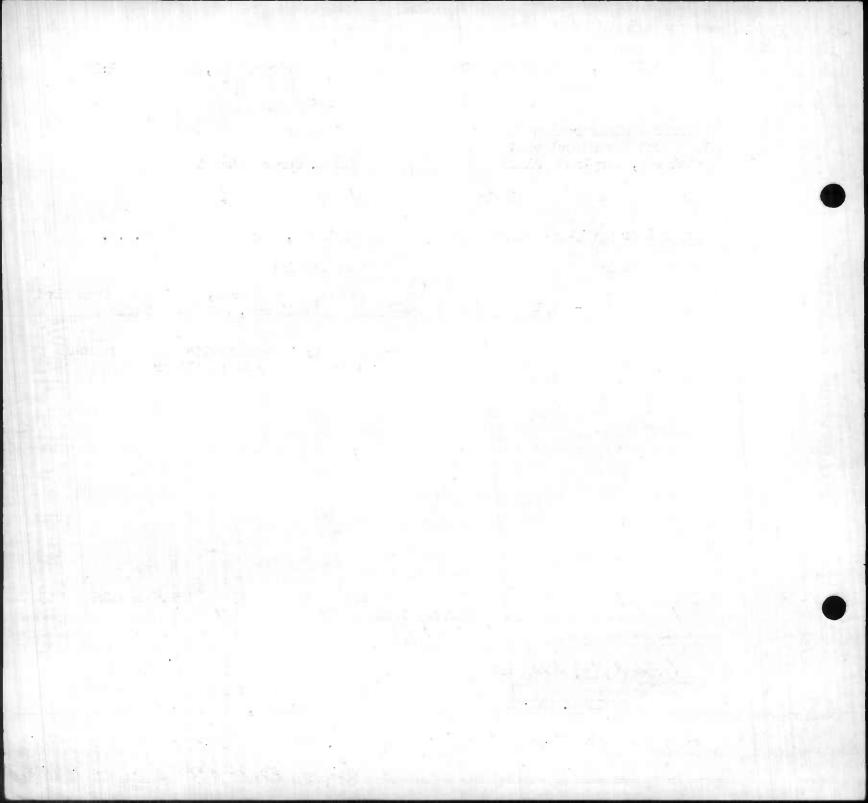
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disnocition is made.

	BALTIMORE CIT	Y HEALTH DEPARTMENT		0-
BIRTH NO. 65 2066	CERTIFICA	ATE OF DEATH	Registered No.	65 2066
1. NAME OF DECEASED (Type or Print) William F. 7	allent	7 /	HOUR OF DEATH	65 1 10:00 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLA	AND	4. USUAL RESIDENCE (Where		nstitution: residence before admission)
FULL NAME OF (If not in hospital or in	stitution, give street	Maryland		×
HOSPITAL OR oddress or location)	1/ 1/		ide city limits, write	RURAL and give township)
Moryland General	Hospital	D. STREET ADDRESS (IL	urol, give location)	26-03
				une
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108 done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
	RETIRED	tennsy/vai	216	USA
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM		
Thomas Tallen	t	MARY	YARVEY	
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (II yes, give war or dales of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1/0 -	198-07-806	FRANCES E	TALLENT	4005 SiNICLAIN LA
18. 44 9 9 1	CAUSE (	OF DEATH	.022347	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	rLY /	· 1 10 0	(.1)	ONSET AND DEATH
LEADING TO DEATH	(A)	rioselerotie Ca	rdio Vascu	el4 dis.
(This does not mean the made of dyi heart failure, asthenia, etc. It means the	disease,			
injury ar camplication which caused dec	alh.)	molysema	-	
ANTECEDENT CAUSES	DUE TO		777 a who com to comb p p p a comp p p p	
DISEASES OR CONDITIONS, if any,				
rise to the obove cause (A) sta UNDERLYING CONDITION last.	ling the (C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED	TRIBUTING			
DISEASE OR CONDITION CAUSING IT.				
198. CONDITION WAS PERFOR	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
DEATH (notify medical examiner)	616.07			
O 21D. TIME (Month) (Doy) (Year) (H	lour 21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
U	Out 21E. INJURY OCCURRED  While At Not Wh	ile 🗀	IRY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh	ile	-	Parce (d. 2.2. 10 %;
21D. TIME (Month) (Doy) (Year) (HOPPROX.)  22. I certify that (I) (this hospital) at	While At Not When At Work	brus (7/9 1	965 to Feb	
21D. TIME (Month) (Doy) (Year) (HOPROX.)  22. I certify that (I) (this hospital) at that (I) (we) lost sow the deceased o	While At Not When Work Not Wor	2 2 19 6 5 ond tho	965 to Feb	
21D. TIME (Month) (Doy) (Year) (HOPPROX.)  22. I certify that (I) (this hospital) at that (I) (we) lost sow the deceased o and hour and from the causes stated	While At Not When Work Not Wor	2 2 19 6 5 ond tho	965 to Feb	inion death occurred on the dat
21D. TIME (Month) (Doy) (Year) (HO) (APPROX.)  22. I certify that (I) (this hospital) at that (I) (we) lost sow the deceased o	while At Not When At Work Not What Work Not What Work Not What Work Not Wor	Chruery 19 1 22 19 65 ond the view the body after death.	965 to 1766 t in(my) (our) op	inion deoth occurred on the dat
21D. TIME (Month) (Doy) (Year) (HOY) (APPROX.)  22. I certify that (I) (this hospital) at that (I) (we) lost sow the deceased o ond hour and from the causes stated 23A. SIGNATURE	While At Not Who At Work  tended the deceosed from Clive on Cobruge Toology  obove. (I) (We) (did) (did not)	ile   19 17 17 17 17 17 22 19 65 ond the view the body after death.	965 to Feb	inion death occurred on the dat
21D. TIME (Month) (Doy) (Year) (HOPPROX.)  22. I certify that (I) (this hospital) at that (I) (we) lost sow the deceased o and hour and from the causes stated	While At Not Who At Work  tended the deceosed from Clive on Cobruge Toology  obove. (I) (We) (did) (did not)	Chruery 19 1 22 19 65 ond the view the body after death.	965 to 1766 t in(my) (our) op	inion deoth occurred on the dat
21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (this hospitol) at that (I) (we) lost sow the deceased o ond hour and from the causes stated  23A. SIGNATURE	While At Not Who At Work  tended the deceosed from Clive on Cobruge Toology  obove. (I) (We) (did) (did not)	ile	965 to 1766 t in(my) (our) op	inion deoth occurred on the dat
21D. TIME (Month) (Doy) (Year) (HOY) (APPROX.)  22. I certify that (I) (this hospital) at that (I) (we) lost sow the deceased o ond hour and from the causes stated  23A. SIGNATURE  23C. PHYSICIAN'S I. C. T. I.	while At Not When At Work Not What Work Not Work Not What Work Not Work Not What Not Work Not What Not W	tending Med.    23D. ADDRESS	of t in (my) (our) op	inion deoth occurred on the dat
21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (this hospitol) at that (I) (we) lost sow the deceased o ond hour and from the causes stated  23A. SIGNATURE  23C. PHYSICIAN'S I. G. TIME  NAME (Type)  1  24A. BURIAL CREMATION. 24B. DATE  REMOVAL (Specify)	while At Not When the Month of	tending Med.  23D. ADDRESS  MOT 190 A  24D. LO	t in (my) (our) op	238. DATE SIGNED  Cb. 22, 1965  HGS 1, 43/  ity, town, or county) (Stote)
21D. TIME (Month) (Doy) (Year) (HOY) (APPROX.)  22. I certify that (I) (this hospital) at that (I) (we) lost sow the deceased of ond hour and from the causes stated  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  BURIAL (FEB 2563)	while At Not When the Month of	ile	of t in (my) (our) op	inion deoth occurred on the date  238. DATE SIGNED  FCb. 22, 1965  HCSf. 73/  ity, town, or County) (Stote)  AIR RD MO.
21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (this hospitol) at that (I) (we) lost sow the deceased o ond hour and from the causes stated  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION. 24B. DATE  REMOVAL (Specify)  BURIAL CFEB 2563	while At Not Who At Work Not Whole At Work Not Not Work Not Work Not Work Not Not Work Not Work Not Not Work No	tending Med.  23D. ADDRESS  MOT 190 A  24D. LO	t in (my) (our) op	238. DATE SIGNED  Cb. 22, 1965  HGS 1, 43/  ity, town, or county) (Stote)



FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	Also, if the direct or contributing cause of death or of any kind; (4) Undetermined cause; (5) Deceased on on one of any kind; (4) Undetermined cause; (5) Deceased on one of the deceased prior to death. Such of almed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. 65 2067 M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered No	65 2067
I, NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Print) GUARILLA, ANTHONY	LAWRENCE	February 22, 1965	1:10 P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Where deceased lived, If ins	stitution: residence before odmission)
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or tocotion)	stitution, give street	Maryland	1-02
INSTITUTION		C. CITY OR TOWN (If outside city limits, write R	URAL ond give tawnship)
Veterans Administration		Baltimore	
3900 Loch Raven Bouleva Baltimore, Maryland 21	rd 218	518 S. Curley Street	
	AARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Male White	Single	8/7/99 lost birthdoys	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, done during most of working fife, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign counfly)	12. CITIZEN OF WHAT COUNTRY?
	tock Room	Baltimore, Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Frank Guarilla		Mary Zampine	
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown)(If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes 4/11/17-4/5/19	214 18 5400	VA Hospital Records, 3900	21218
18. 16.2. 1	CAUSE O	Baltimore, Maryland	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT			ONSET AND DEATH
LEADING TO DEATH	(A) Bro	onchogenic Carcinoma with	5 months
(This does not mean the made of dyinheart failure, asthenia, etc. It means the		Metastases to brain and live	er
injury ar camplication which caused dea	th.)		
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if any,			
rise Ia the above cause (A) state UNDERLYING CONDITION last.	ing the (C)	***************************************	
11			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING TO THE		3.5
	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	Yes Yes	City, give exect location)
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examined)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	why, give exact toconom
	our) 21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
S (APPROX.)	While At Not While	e 📉	
	Work At Work		
22. I certify that (1) (this hospital) at	The second of th		ruary 22nd 1965
that () (we) lost sow the deceased of	ive on February 22n	d 19 65 and that in ( of f) (our) opin	nion death occurred on the date
and how and from the couses stated	bove. (1) (We) (did) (did) for	iew the body ofter death.	
23A. SIGNATURE			23 B. DATE SIGNED
Xxx 1 h Was	Cal M.D. Atte	ending Med. Stoff Phys. X	2/23/65
23 C. PHYSICIAN'S		23D. ADDRESS	
NAME (Type)		VA Hospital 3900 Loch Rav	en Boulevard
DAVID N. MAR	TME	Baltimore, Maryland PAD LOCATION (City	21218
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRI	EMAIURI 1240. LOCATION (Cit	y, town, or county) (Stote)
BURIAL FEB 2565	HOLY REDEA	MERCEM 11431 REL	AIRRD MO
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
FEB 2 4 1965 (1)	bert E. Janky Hill	Dudos/1300 1800	FLOMBARD SI
VS 150-REV. 1/1/6S	1	1).1)	



24B. NAME OF REGISTRAR

IRMINOMEN HIABAMA

24C. FUNERAL DIRECTOR

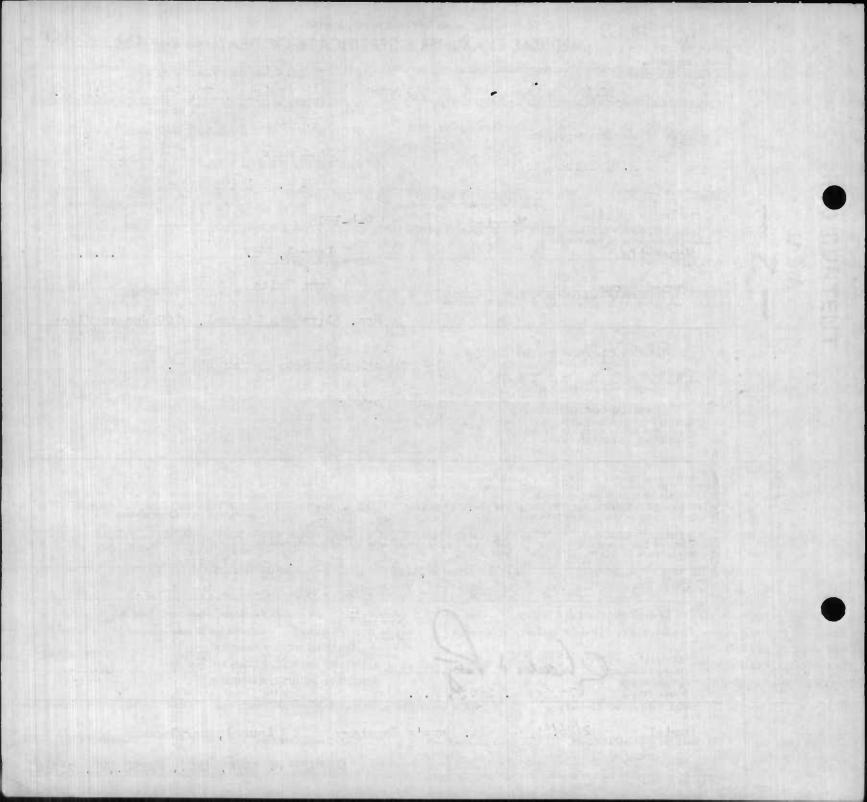
VS 151-REV. 1/1/65

EMOURL

3/24/295 139 Vocase for Comes Ga Eller Pet Decorred CHERRICE Bloom Dears South Greek Bismosan Alasani Temme didfor Markow Albert 635 d Enemal

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.5 2069

M.E. CASE NO	0.							
1. NAME OF	DECEASED				2. DATE AN	HOUR PRONOUNCE	D DEAD	The second
	ELLEN	MARIE	LEICH			uary 22, 19		7:35 P. M.
	BALTIMORE, MARYLAND, W			A. STATE	ryland	deceased lived. If insti- B. COU	tution: residen NTY	ice befare admission)
HOSPITAL OR	OF (IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUT	ION, GIVE STREET			carparate limits, write	RURAL and	give_tawnship)
INSTITUTION				Ra.	ltimore	/2	0	3
2.7	45 N. Calvert S	Street		D. STREET ADD		give (acation)		
5. SEX	6. RACE	7. MARRIED. N	EVER MARRIED	18. DATE OF BIRT		9. AGE (In years		Yr. If Under 24 Hrs.
Female		WIDO WED, DI	VORCED(specify)			last birthday)		ays Hours Min.
		Marrie	ed	9-4-1918		46		
	CCUPATION (Give kind of work t of working life, even if retired)	OB. KIND OF	SUSINESS OR INDUSTR	YIII. BIRTHPLACE	(State ar foreig	n cauntry)	12. CITIZEN WHAT	OF COUNTRY?
Hous	ewife			Lat 14. MOTHER'S N	arel. Mo		U.	S.A.
13. FATHER'S	AME			14. MOTHER'S N	AIDEN NAM			
Howa	rd Brown			Ann	na Smith			
IS WAS DECE	ASED EVER IN U.S. ARMED		6. SOCIAL SECURITY NO.	17. INFORMANT	TEL DITT OF		ADDRESS	
ires, na arunkn	awn) (If yes, give war ar date	s at service)	SECORITI NO.	36 772 :				70.0
18.			CALLS	Mrs. Ell:	zabeth S	trigel. 320		NTERVAL BETWEEN
2=	97912		CAUS	E OF DEATH				NSET AND DEATH
DIS	SEASE OR CONDITION DI	RECTLY						
(This do	LEADING TO DEATH ses not mean the made of		(A) Acu	te Barbitu	irate In	toxication.		
heart fai	lure, asthenia, etc. It means r camplication which caused	the disease,	DOE 10					
	ANTECON DENT CAUCO							
DISEAS	ES OR CONDITIONS, IF A		(B)		• • • • • • • • • • • • • • • • • • • •			>~~ = = =
RISE TO	THE ABOVE CAUSE (A) S'	TATING THE	DUE 10					
	LYING CONDITION LAST.		(C)					
<u> </u>	ll ll							
OF A DISEAS	SIGNIFICANT CONDITIONS	CONTRIBUTING						
E TO TH	LE DEATH BUT NOT REI		***************************************		**************			
19A. DATE	OF OPERATION 198, CON	DITION FOR W	HICH OPERATION	20A. AUTOPS	(Yes at Na)	208. IF YES, WERE FIN	IDINGS CON	SIDERED
0 2	WAS PER	FORMED		Ye	28	IN CERTIFYING CAUS	ES OF DEAT	TH? Yes
Z 21 A. EXTE	RNAL CAUSE WAS	21 B. PL	ACE OF INJURY (e.g.,	in ar about 21C.	WHERE DID	If in Baltimore City, giv	re exact lacat	
O UNDERLYII	NG ZEOR CONTRIB- CAUSE OF DEATH.	hame,	fam, factory, street,	affice bldg., INJUR	Y OCCUR?			
¥			Home			vert Street		
OF INJUR	1		INJURY OCCURRED		OW DID INJU	TRY OCCUR?		
(APPROX.)	2 22 65	m. W	ORK NOT	WHILE X OV	rerdose	of barbitura	ate.	
22.	certify that I held an I	naulry 🗌	Inspection Au	tapsy 🕱 an	d that on thi	s basis, death In m	v onlnian	IV. B. C.
						and the second second		
re	esulted fram: Notural car	uses Ac	cident Sulcia			Indetermined manne	1 L	
ACT	UAL O		1/		EDICAL EX			DATE SIGNED
	ATURE CA	ules of	M.D	ASSISTANT M	EDICAL EX	AMINER A		
EXA	MINER'S		etty, M.D.	ASSOCIATE A	MEDICAL EX	(AMINER ]		2/23/65
23A. BURIAL REMOVAL (Sp	CREMATION, 238 DATE		NAME of CEMETERY	ar CREMATORY	23 D. L	OCATION (City,	tawn, ar cour	nty) (State)
Buri		55 0	+ Mar-1- C		7		. 1	
	C'D BY HEALTH DEPT.	24B, NAME O	t Mary's Ce	24C. FUNER	AL DIRECTOR	urel, Maryla	nd	DRESS
		Robert !						
	1 FD 7 7 1900	10000		LEON	ARD J. H	RUCK, INC.,	BALTO.	MD. 21214
VS 151-REV.	1/1/65 🐧 / /	9/1						



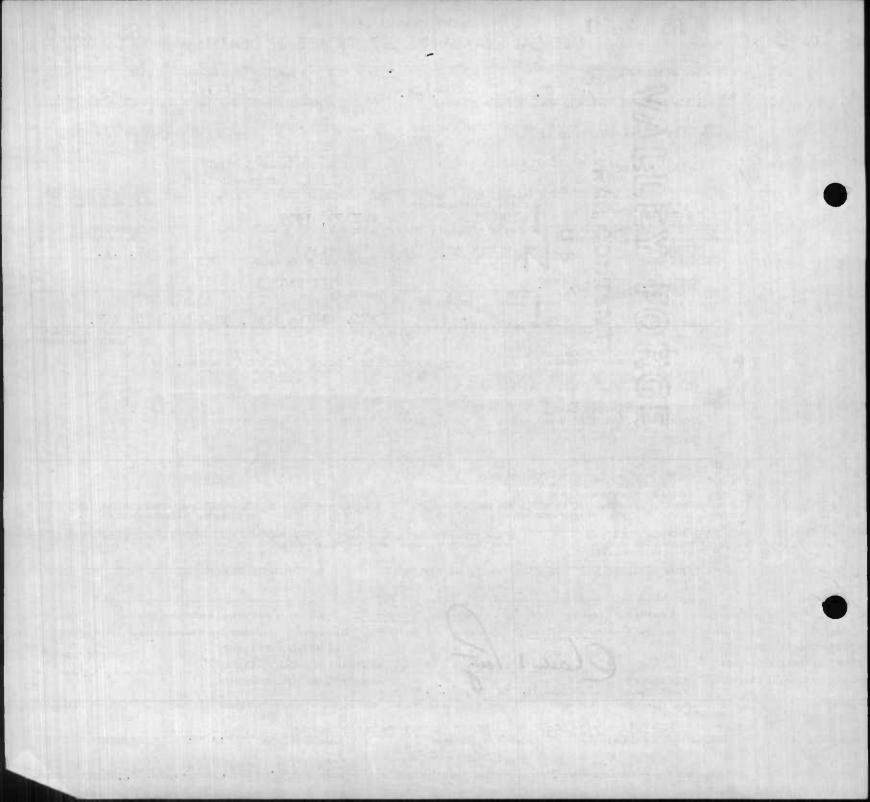
BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) February 23, 1965 CART. FREIT'AG 3:53 A. M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) Union Memorial Hospital 3012 Oakcrest Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED R. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months , Doys , Hours , Min. WIDOWED, DIVORCED(specify) lost highday Male White 55 WIDOWER MAK 29, 1909 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (Stote or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. STEAMSHIP CO. MARYT AND 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME CARL T. FREITAG. SR EMILY MAGILL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 16. SOCIAL (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO. MRS. ELETHA LONG. 3012 OAKCREST AVE. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Heart Disease. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFIC DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., NJURY OCCUR? 21 D TIME 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Dov) (Year) (Hour) OF INJURY (APPROX.) WHILE AT NOT WHILE m. WORK 22. Autopsy X I certify that I held on Inquiry Inspection ond that on this bosis, deoth in my opinion resulted from: Natural cousesX Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER all SIGNATURE. 2/23/65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A, BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23 D. LOCATION (City, town, or county) (State) REMOVAL (Specify) BURIAL 2/26/65 MORELAND MEMORIAL CEMETERY BALTO, MD 24C. FUNERAL DIRECTOR 24B, NAME OF REGISTRAR ADDRESS

VS 151-REV. 1/1/65

24A, DATE REC'D BY HEALTH DEPT.

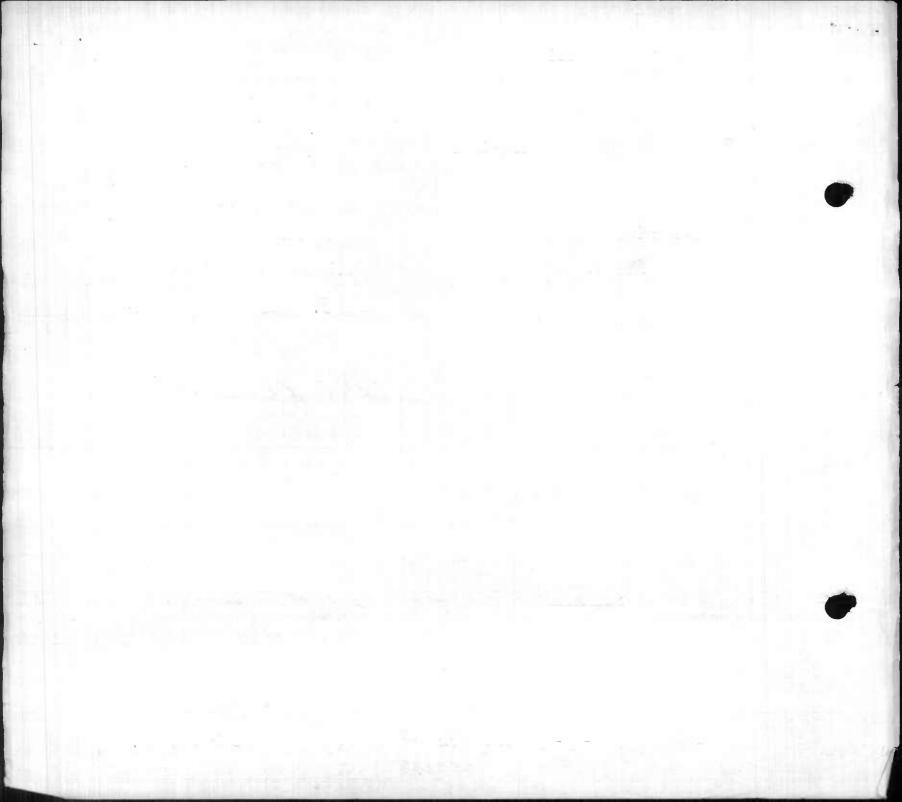
1965 Robert E. Larbey M.A.

LEONARD J. RUCK, INC., BALTO., MD



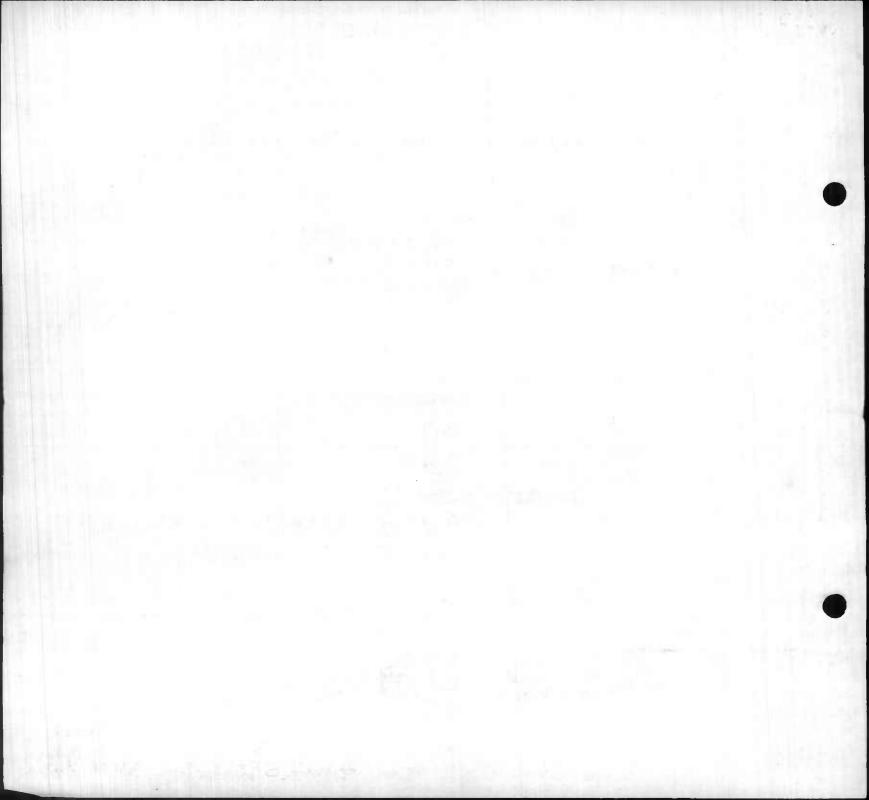
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

00004	BALTIMORE CIT	Y HEALTH DEPARTMENT		05 0000
BIRTH NO. 65 2071  M.E. CASE NO.	CERTIFICA	TE OF DEATH X	, Registered No.	65 2071
1. NAME OF DECEASED (Type or Print)  The Julia Jek	/		DHOUR OF DEATH	1 3 05 AM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	7.	4. USUAL RESIDENCE (Where A, STATE B. COUNT	e deceased lived. If in	stitution: rosidenco before admission)
FULL NAME OF (If not in hospitot or institu HOSPITAL OR oddross or lacotion) INSTITUTION	tion, give street	C. CITY OR TOWN (If outs	side city limits, write	RURAL ond give township)
Mercy Ho.	spital	10.00	urol, givo locotion)	Blvd
5. SEX   6. RACE   7. MAR	RIED, NEVER MARRIED		KAVEN	***
	OWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
Housewite		Manuland		IISA
13. FATHERS NAME		Maryland 14. MOTHERS MAIDEN NAM	AE	T GST
John Waryasz		Julianna Ber	nadzikows	ka
15. Was Deceased Ever in U. S. Armod Forces? (Yes, no or unknown) (If yes, give war or dates of sarv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		John F. Polek		same
18. 4 0 1	CAUSE	7	autin	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		11	agento -	12-2-2-01
LEADING TO DEATH (This does not meen the made of dying,	e.g., DUE TO	rejo and	eller	17 03-64
heart failure, asthenio, etc. It means the dis- injury at complication which coused death.)			· elo	10 1 - 22-15
ANTECEDENT CAUSES	(B)	les pu	Moure	4 7 -000
DISEASES OR CONDITIONS, if ony, g	DUE TO		1	
rise to the above cause (A) stoting UNDERLYING CONDITION iost.			<i>O</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING ) THE			
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yos or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	218 PLACE OF INJURY (o.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	e City, give exect lecotion)
21D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F, HOW DID INJU	IRY OCCUR?	
S OF INJURY	While At Not Whi	ilo 🗀		
	Work At Work			
22. I certify that (1) (this hospital) attend		2-7-1-69	9 65 to	19 22
that (1) (we) last saw the deceased alive	on 9-32	19 6 5 and the	at in(my) (aur) opi	nian death occurred on the dote
and haur and fram the causes stated abo	ve. (I) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE	A		e. #s =	238. DATE SIGNED
Deller ha	Den (M. D. Ph	ys. Mod. Director	Phy s.	3/22/65
Z3C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Leeds E. KATZEN	M.D.	mescy Hos	sptnL.	
24A. BURIAL CREMATION, 24B. DATE 24REMOVAL (Specify)	C. NAME of CEMETERY OF CE	REMATORY 24D. LC	CATION (C)	ty, town, or county) (Stote)
burial 2-25-65 H	Holy Rosary Co	emeteru B	altimore,	Md.
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	. //	ADDRESS
FEB 2 4 1965 (166)	ent E. Jankey M. A.	201910	nate -1	ev RCW
VS 150-REV. 1/1/65		6. 7	-7	



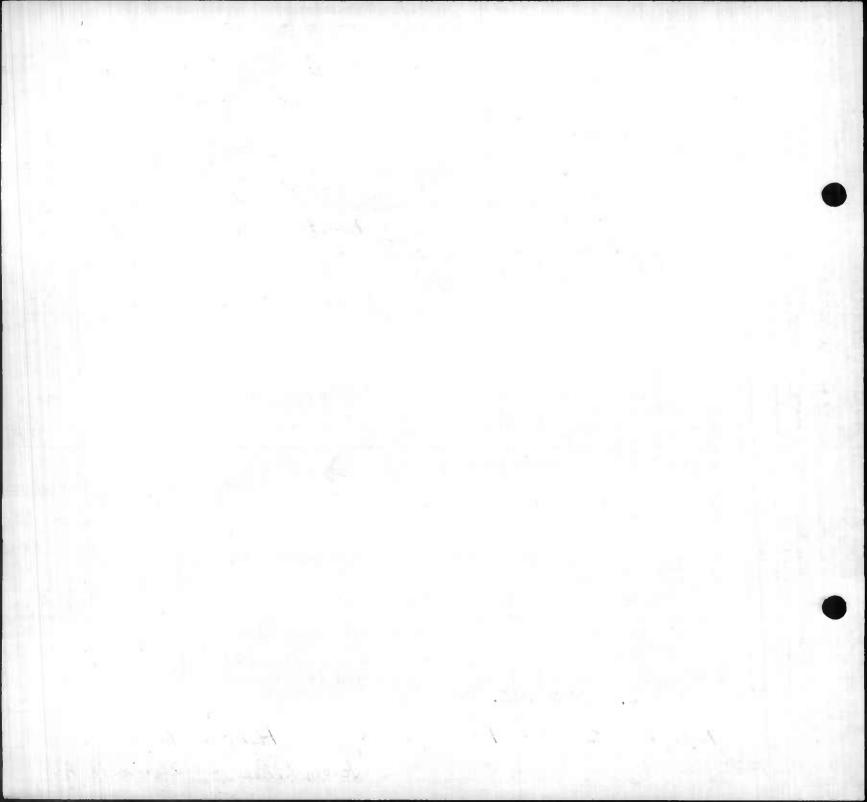
IMPORTANT	
JNERAL DIRECTOR:	
F	

BALTIMORE CITY HEALTH DEPARTMENT 65 2072 CERTIFICATE OF DEATH Registered No. Such the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased a hospital and M.E. CASE NO. 2. DATE AND HOUR OF DEATH BABY BOY (Type or Print) duce on ACZKOWSKI 2-23-65
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
8. COUNTY eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND manyland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend 0 Balli busta prior Sinai Hospital D. STREET ADDRESS (If rural, give location) Clu .. # 15 in regular mad 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH S. SEX 6. RACE 9. AGE (In years If Under 1 Yr. If Und Months: Days Hours If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) 2-19-65 W 12. CITIZEN OF 10A, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY? death disposition done during most of working life, even if retired) Mayland USA MOS 14. MOTHER'S MAIDEN NAME the 13. FATHER'S NAME if the direct assistant if Rova Morman Kac.
15. Was Deceased Ever in U. S. Armed Forces? death LO 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) final SECURITY NO. attendance mother samo the body was released to the hospital by a medical examiner. Also, if shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any CAUSE OF DEATH INTERVAL BETWEEN pronounced 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed Membrane LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, regular examiner injury ar camplication which caused death,) em who ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (except where the physician UNDERLYING CONDITION lost. remains approved by the chief medical Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL ON (9) DEATH (notify medical examiner) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While [ (APPROX.) Wark At Work and 22. I certify that (I) (this hospital) attended the deceased from 2 1965 that (1) (we) last sow the deceased alive on.... ond that in (my) (our) opinion death accurred on the date hospital eath) ond hour and fram the couses stated above. (I) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 238 DATE SIGNED B Attending Phys. Med. Stoft Phy s. 2 23-65 0 approval 0 23D. ADDRESS 23C. PHYSICIAN'S prior certificate was D.O.A. at NAME (Type) Sinai M.D. 24A, BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) eceased REMOVAL (Specity) oseda 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISSRAR DEUMA 2SC. FUNERAL DIRECTOR ADDRESS 0 VS 150-REV, 1/1/65



	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPORTAN		H
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	y the chief med	ical examiner	or his assistan	tif death occurred in a hos	pital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	ital by a medic	cal examiner.	Also, if the d	irect or contributing cause	of death 2
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	e; (2) Body burn	1s; (3) A fractur	e of any kind;	(4) Undetermined cause; (5)	Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	rhere the physi	ician who pror	nounced deatl	was in regular attendance	e on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	No physician w	as in regular	attendance or	the deceased prior to de	ath. Such
written approval must be obtained before the remains are embalmed or final disposition is made.	before the rem	ains are embal	med or final d	isposition is made.	

65 2073	BALTIMORE CITY	HEALTH DEPARTMENT		65 2073
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	00 2010
M.E. CASE NO.	OEKTII 107			
Type or Print)		111 1 - /	HOUR OF DEATH	1 1-
DONNIE HA	mm IEL AIKA	[Hamiel] 2/0	14/65	12:20181
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where d	eceosed lived. If instit	ution: residence before admissi
		A. STATE B. COUNTY	BALTIM	P 8
FULL NAME OF (If not in hospital or institution	on, give street	MARYLAND		
HOSPITAL OR oddress or location)	. 1			RAL and give township)
2 JOHNS HOPKINS	HOSP	BALTIMOR	3	15-06
2 1011103 1/01/1110		D. STREET ADDRESS (If ruro	, give location)	
		2807 6	PAKER ST	REET
, SEX   6. RACE   7. MARRI	ED, NEVER MARRIED			
	WED, DIVORCED (specify)	lost	AGE (In years birthday)	f Under 1 Yr. If Under 24 h Norths Doys Hours Min
TEMALE NEGRO S	INGLE	6668	46	
OA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF
one during most of working life, even if retired)		hl. 1. 1. 1	VIA	WHAT COUNTRY?
		Holitax 1	Vaci	0,5,19,
3. FATHERSINAME		14. MOTHER'S MAIDEN NAME	1	. 0
11/10 010000 2/00	and in V	(11110	11 -	1/1/
when the	mes	wine	111	acros .
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service	1 6. SOCIAL SECURITY NO.	17, INFORMANT		ADDRESS
, , , , , , , , , , , , , , , , , , , ,		Willie E. Ham	10/ 711	Culver S
lie and a second	64146			
18. 170 X I	CAUSE	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			P	>
LEADING TO DEATH	(A)	ARCINOMA OF	DREASTE	
(This daes not mean the mode of dying, e				
heart failure, asthenia, etc. It means the disectiniury or complication which coused death.)	nse,	/ /		
ANTECEDENT CAUSES	(8)	EXASTASES TO LE	ungs,	
	DUE TO			
DISEASES OR CONDITIONS, if ony, giv		Bons Luca		
rise to the above cause (A) stating UNDERLYING CONDITION last.	lhe (C)	and, Those	0 1 0 1 0 1 0 0 1 0 1 0 1 0 1 0 1 0 1 0	
ONDERETHO CONDITION TOSE				
7				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO		/		
DISEASE OR CONDITION CAUSING IT.	1	one.		
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	OB. IF YES, WERE FIN	DINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED			N CERTIFYING CAUS	L3 OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.a.	n or about 21C. WHERE DID	(If in Boltimore C	City, give exact location)
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJUR	OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	While At Not Whi	le 🗀		
(APPROX)	Work At Work		4	
22. I certify that (I) (this hospital) attended	d the deceased from	19	65 to	19 6
	E.6 22	4		
that (I) (we) lost sow the deceased alive a			in (my) (our) opinio	on deoth occurred on the
and hour and from the couses stated above	(I) (We) (did) (dld not)	view the bady ofter death.		
23A. SIGNATURE ()			12	B. DATE SIGNED
Holegan Van	M.D. AH	ending Med. Sto		7/5UliE
y oregory pun	Phi	s. Director Phy		yay/w
23C PHYSICIAN'S NAME (Type)		23D. ADDRESS		
J. GREGORY KANE	M.D.			
		PALATON INC.	171011	
REMOVAL (Specify) 248. DATE 240	NAME OF CEMETERY OF CR		ATION (City,	town, or county) (State
1surig1 2-27-65	New Cemer	are Ha	trov Na	All Careline
SA DATE PECID BY HEALTH DEBT		25C, FUNERAL DIRECTOR	1147 110	ADDBECC
FEB 2 4 1965	of E Jalleu M.A	1 STORERAL DIRECTOR	7777	1 1/ 1/1 4
1 LD 6 4 1300 Place	M. C. Manney	Voseph L. Rus	5 22224	INOTYA AU.
/S 150-REV. 1/1/65				



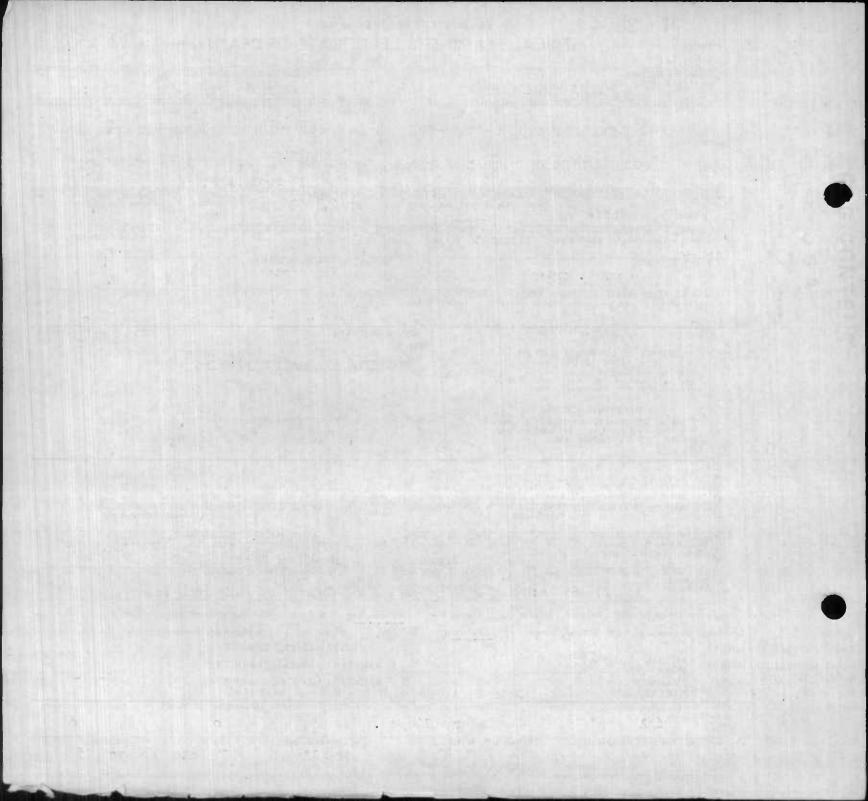
6	36	116	~g .	Al.
6	63	9	16	1

VS 151-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

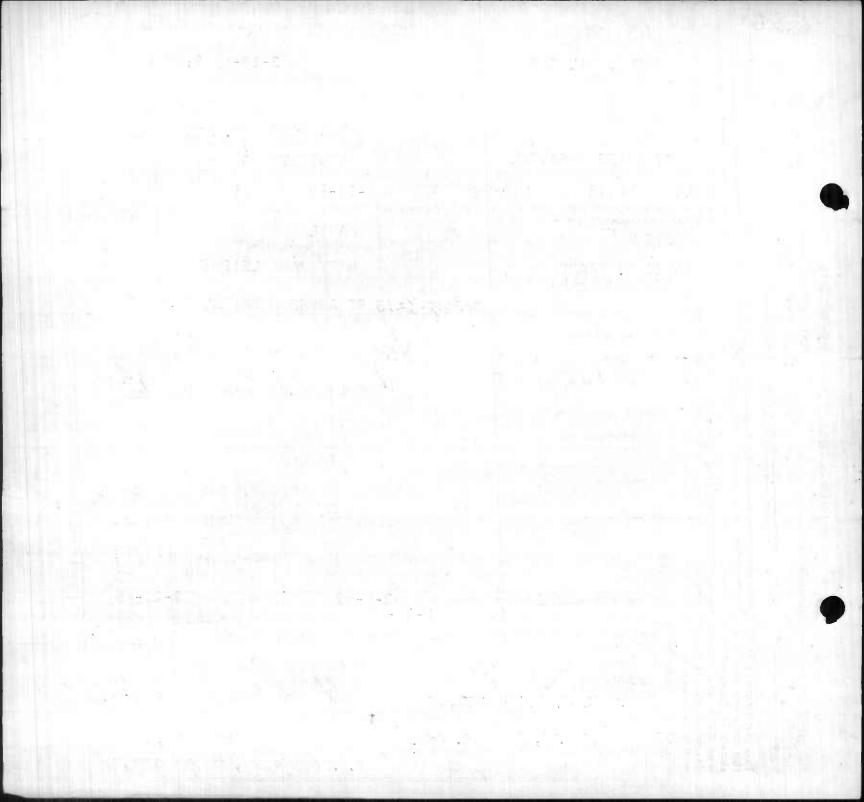
CE	AMATTER
65	2074

	DICAL EX	AMINER'S C	ERTIFICATE	OF DEATH Registe	ered No. OO CUI i
M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print) RHEA I	BULLINGER			ebruary 21, 196	
3. PLACE IN BALTIMORE, MARYLAND,		NCED DEAD			
	MTAL OR INSTITU CATION)	TION, GIVE STREET	C. CITY OR TOWN  Balt  D. STREET ADDRESS	tland (If outside corporate limits, write)  timore (If rural, give location)  Popland Street	25-05
5. SEX 6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Female White	W2 4	vorced	Mar 2,1929	last birthdoyl	Manths Days Hours Min.
toA. USUAL OCCUPATION (Give kind of w done during mast of warking life, even if retired	Ork TOB KIND OF	BUSINESS OR INDUSTRY	11. SIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13, FATHER'S NAME			14. MOTHER'S MAIDE	744414	USA
John L.Ber	rtsch		Emma F		
15. WAS DECEASED EVER IN U.S. ARM (Yes, no or unknown) (If yes, give wor or d		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			Family		Same
18.		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEA  (This does not meon the mode heart failure, asthenia, etc. It metinjury or complication which couse ANTECENDENT CAU  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI  19A. DATE OF OPERATION 19B. CWAS P	of dying e.g., ans the disease, and deeth.)  SES  ANY, GIVING STATING THE T.  NS CONTRIBUTIN RELATED TO TH	(B)	TIPLE TRAUMA	TIC INJURIES	
19A. DATE OF OPERATION 19B. CO	ONDITION FOR V	VHICH OPERATION	Yes	or No. 208, IF YES, WERE FI	NDINGS CONSIDERED
OF INJURY	ear) (Hou) 21	Street E INJURY OCCURRED  WHILE AT NOT	south	E DID Uf in Boltmore, City, ocur? On Kitchie of Norfolk Road	Highway just
2 21 03	4:00 m. W		ORK Drive	er of auto into	fixed object.
I certify that I held an				it on this basis, death in	
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	E. 6	E. Adams, M.	CHIEF MEDIC ASSISTANT MEDIC ASSOCIATE MEDIC		DATE SIGNED  2-21-65
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 2/25/	230	Codar Hill Cen	CREMATORY	AA CO	, town, ar caunty) (State) Md
24A. DATE REC'D BY HEALTH DEPT.	248. NAME (	OF REGISTRAR	24C. FUNERAL D	IRECTOR	ADDRESS
FFB 2.4 198	15 R.O. F	TE Farley M.A	McCully	FH 237 Pata	psco Ave 25



P	1	0.00		
de .	/	2		1
	<b>67</b>	-	U	
	0.	ם ם	9 4	
		- B	£ 3	
	0	0 0	S	
	- '	0 0	=	
	0	. 0	0 =	
	· = '	5 6	0 <del>+</del>	
	0	_	0 0	
	ő	9	E -	
	2	2	0 0	
	-	5 6	0 0	1
	0	S	P +	11
		_ 2	+ -	T
	•-	0 0	5 0	
	0	= _		
	0	5 0	- 0	-
	Ε.	9 5		8
	3.	E :=	2 %	=
	Ü	= =	0 0	_
	0	0 6	F 0	.2
	-5	Ü ÷	_ 0	=
	*	. 0	.E @	0
	0	0 5	. 0	+
	P	. 5	0 0	S
	-	U	2.5	0
	-	0 4	> =	10
FUNERAL DIRECTOR: IMPORTANT	-	the hospital by a medical examiner. Also, it the direct or contributing cause of death( iny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	5 5	=
Z	E .	G G	= 0	0
4	10	0 5	0	-
F	S	E .2	2 9	=
2	S		_ =	=
0	8	= =	70 0	-
Š		- 5	0 0	0
-	.=	0 -	E 41	77
Σ	=	o s	5 +	0
	-	<b>4</b> 0	0 =	F
		-	= "	=
**	0	53	2 -	0
O.	=	0 0	0 0	70
0	=	E 8	_ =	E
F	E	2 4	0 0	0
Ü	0	2	T 9	0
ш	×	¥ -	> -	-
0		9 0	_ =	
	70	_	8	-
	U	s, a	- S	-
	0	OE	- 3	-
	0	0 5	>	
-	E	0 0	4 5	L
2	4	E	0.0	6)
	0	- 0	0 4	2
Z	王	0 0	4 4	-
5	U	> 00	+ >	0
-	. 0	9 2	0 0	0
	上.	_ 5	-	-
	-	0	£ 0	0
	2	= 5	2 2	
	-11	5 5	1	0
	D	ö =	50	. =
		ے ج	0 -	.=
	0	0 -	Ü	+
	-	= =	X	0
	C	+ 5	J	0
	8	9 4		. 0
		_ 0	9 -	-10
	Ď	=	- 5	S
	+	S	2 0	2
	S	0 0	Ö	E
	2	9 .5	£ 0	_
	=	0 0	8	0
	0	- 0	+ 0	2
	10	2 2	8 .=	7
	Ü	24	10	0
	Ŧ	-	< _	0
	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	he body was released to the hospital by a medical examiner. Also, it the direct or contributing cause ot death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🥂	0 0	0
		0	5.6	=
	Ü	45	0 0	10
	un'	- 5	S	+
	=	5 5	0 0	L
	E	the body was released to shows: (1) An accident of c	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
			_	

			BALTIMORE CITY	HEALTH DEPARTMENT		0000
	TH NO. 65 2	075	CERTIFICA	TE OF DEATH	Registered No.	65 2075
-	TAME OF DECEASED	ILBERT			D HOUR OF DEATH	PM
3.	PLACE OF DEATH IN BALTI	MORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceosed lived. If in TY  CARROLL	stitution: residence before odmission)
1	HOSPITAL OR oddres	s or location)	orten, gree street	VEID 1810 F	side city limits, write I	RURAL and give township)
	ST AGNES	HOSPITAL		ROUTE XXX	rurol, give location)	
5. 9	MALE WHITE	1445	NED NEVER MARRIED (Specify)	1-14-94	9. AGE (In years loof birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	e during most of working life, eve		ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store or fore) MARYLAND	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	JAMES B. GF	RADY		14. MOTHER'S MAIDEN NAM	LE I SHER	
5. Ye	Was Deceased Ever in U. S. s, no or unknown) (It yes, give	Armed Forces?	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	NO		2/3-09-6212 CAUSE OF	ST AGNES HOS	SPITAL KEC	ORDS
TION	(This does not mean the heart lailure, astheria, etc injury or complication whin ANTECEDEN  DISEASES OR CONDITION  THE DEATH BUT  OTHER SIGNIFICANT CONTO THE DEATH BUT	I means the disch coused death.) T CAUSES ONS, if any, gouse (A) stating N lost. DITIONS CONTRIB	giving Ihe (C)	mtasta	es es	toB
CERTIFICA	19A. DATE OF OPERATION		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNE OR CONTRIBUTING CAL DEATH (notify medical exam	JSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(It in Boltimore	e City, give exoct location)
MEDIC	21D. TIME (Month) (D OF INJURY (APPROX.)	oy) (Yeor) (Hour	21E. INJURY OCCURRED  While At Not While Work  At Work	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (thi	s <u>hospital)</u> atten e deceased alive	ded the deceased from 2-20-6	-4-65 1 5 19 and the	19ta2: ot in(my) <u>(aur) ap</u> i	-20-65 19
			ya. (1) (We) (dld) (did not) v	lew the body after death.	Stoff Phys.	23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) MANUE		RIGUEZ, MD M.D.	23D. ADDRESS A	mes of	repital
24/	A. BURIAL CREMATION, 246 REMOVAL (Specify)		4C. NAME of CEMETERY OF CRE		OCATION / (C	
25/	BUR IAL		St. Johns	25C. FUNERAL DIRECTOR F.C. HIGINBOTH		ADDRESS
	FEB Z 4	1965 R.C.	M C' Morray	T. SO ILLUCTUDAL II	0,12,111,110,011	



is made.

disposition

or final

embalmed

are

before the remains

obtained

must

written approval

°Z

9

death) hospital

40

prior

0

d

Was

to the hospital

the body was released

shows: (1) deceased 0.0

approved by

must

This certificate

nature;

any

CERTIFICATION

MEDICAL

	DALTIMORE CITT HEALT	IN DEPARTMENT			
MRTH NO. 65 2076	CERTIFICATE (	OF DEATH	Registered No	65 2076	
1. NAME OF OECEASED	-	2. DATE AND	HOUR OF CEATH		
(Type or Print)	HARRISON	2-21-	-65	7:45	AM
3. PLACE OF OEATH IN BALTIMORE, MARYLAN  FULL NAME OF HOSPITAL OR INSTITUTION  THEJOHNS HOPKINS HOS	itution, give street  A. STA  M.  C. CIT  B.  D. STI	ARYLAND  Y OR TOWN (II autside ALTIMORE	de city limits, write R	titution: residence before ad	missian)
	ARRIED, NEVER MARRIED (Specify)  WIDOWED 2		AGE (In years st birthday)	If Under 1 Yr. It Under Months Ooys Hours	24 Hrs. Min.
10A, USUAL OCCUPATION (Give kind of wark 10B, K	IND OF BUSINESS OR INDUSTRY 11. BIR		cauntry)	12. CITIZEN OF WHAT COUNTRY?	

Longshoreman Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME

> ANN Fortune LIZA

BENJAM SILAS HARRISON
15. Was Deceased Ever in U. S. Armed Farces?
(Yes, no or unknown)(If yes, give war or dates of service) HARRISON AODRESS 6. SOCIAL SECURITY NO

217-01-7685 2139 Harford Read No Mrs. Ruth Lewis CAUSE OF DEATH INTERVAL BETWEEN ONSET AND CEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenio, etc. It means the disease. injury or complication which caused death,) ANTECEDENT CAUSES OUE TO

DISEASES OR CONDITIONS, if any, to the obove couse (A) stoting the UNDERLYING CONDITION lost.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

that (1) (we) lost sow the deceased alive

198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINOINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 B. PLACE OF INJURY (e.g., in at about 21 C. WHERE OLO home, lorm, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (It in Baltimare City, give exact lacotion) OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) etc.)

(Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY

21 F. HOW DID INJURY OCCUR?

While At Not While (APPROX) Work At Work 22. I certify that (1) (this hospital) ottended the deceased from

and that in (my) (our) opinion death occurred on the date

ond hoor ond from the	conses sidied opove. (	( ( did) (did noi) view the	body offer deoff	le .	
23A. SIGNATURE	10				23 B. DATE SIGNED
Rues	1- Doll	M.D. Attending	Med.	Stoff	2/2

Carver Memorial Park

23 O. ADDRESS

FUNERAL DIRECTOS

NAME (Type)

24D. LOCATION

24A. BURIAL CREMATION. REMOVAL (Specify

Laural, Md.

ADDRESS

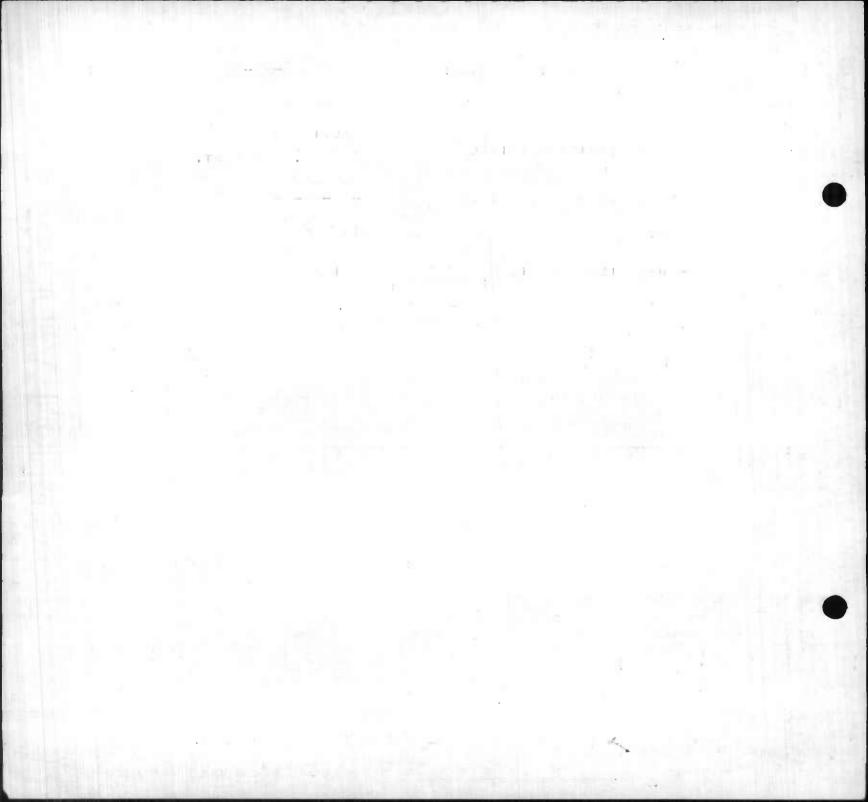
258, NAME OF REGISTRAR

2/25/65

VS 150-REV, 1/1/65

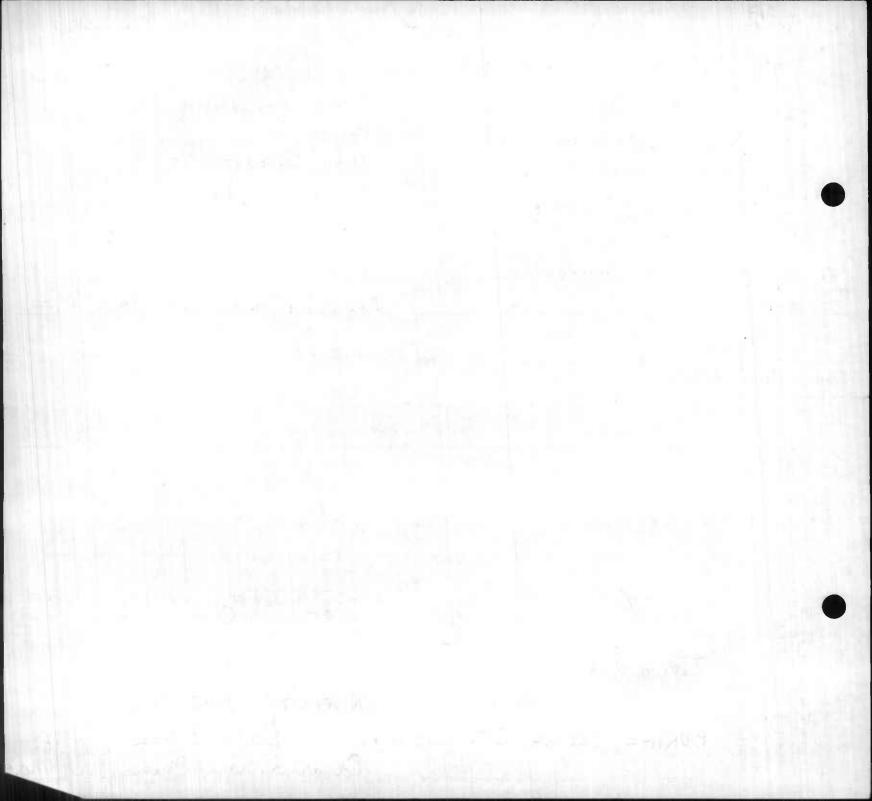
Burial

230 PHYSICIAN



## the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

			BALTIMORE CIT	Y HEALT	H DEPARTMENT		
M.E	H NO. 65 2077		CERTIFICA	ATE C	OF DEATH	Registered Na.	65 2077
	De or Print) LEONARD JON	JIV.	WACHOWICZ		2. DATE AN	D HOUR OF DEATH	430 P
3. P	PLACE OF DEATH IN BALTIMORE, MARYLA			4. USU A. STA			nstitution: residence before admission
-	FULL NAME OF (If not in hospital ar in oddress ar lacotion) NSTITUTION	stitutian,	give street	C. CIT	Y OR TOWN ()f out	TIMORE side city limits, write	RURAL and give township)
1	INIVERSITY HOSPI	TAL		D. STR	EET ADDRESS III	rural, give lacation)	
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			12	44 SARG	ENT ST	4
5. S	EX   6. RACE   7. /	MARRIED, WIDOWED	NEVER MARRIED  D, DIVORCED (specify)			9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Manths: Days Hours Min.
	USUAL OCCUPATION (Give kind of work 10 R during most of working life, even if retired)		BUSINESS OR INDUSTI		THPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			14. MC	THEES MAIDEN NAM	AE	10, 374
,	MICHAL WACHOWI	CZ		V,	RGIE V	ANKOWSK	/
15. Yes	Was Deceased Ever in U. S. Armed Farces? s,no or unknown) (II yes, give wor or dates of	service)	1 6- SOCIAL SECURITY NO.	17. tNF	DRMANT	0	ADDRESS
				MRS		RTER = ROC	
	1B. / 9 / 1		CAUSE	OF DEAT	Н		ONSET AND DEATH
	DISEASE OR CONDITION DIRECT	TLY	(4	oc lalm	19470915		2 YEARS
	(This does not meen the made of dy			KEINO	1.1.1.	***************************************	·····
	heart failure, asthenia, etc. It means the injury or complication which caused dec						
	ANTECEDENT CAUSES		(B)		o ma go a mana na 800 a na ma Add a a 8 000000 a dd		
	DISEASES OR CONDITIONS, if ony,						
	rise to the obove couse (A) sto UNDERLYING CONDITION lost.	ling the	(C)		**************************************	2 440 A 44 A 54 A 54 A 54 A 54 A 54 A 54	
	11						
ATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED						
CAT	DISEASE OR CONDITION CAUSING IT.			120A	AUTOPSY? (Yes or No	) 20R IF YES WEDE	FINDINGS CONSIDERED
CERTIFIC	WAS PERFORM		WHICH OFERATION		No	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
AL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet)	218 ham etc.	PLACE OF INJURY (e.g. ne, larm, factory, street, )	in ar abo affice bldg	21 C. WHERE DID	(If in Baltima	e City, give exact lacotion)
MEDIC		lour) 21E	INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?	
8	(APPROX.)	Wh	rile At Wat W				
	22. I certify that (1) (this hospital) at			2/10	2	19 65 to 2	/20 19 65
	that (1) (we) last saw the deceased a			1		200	inlon death occurred on the da
	ond haur and fram the causes stated	obave.					
	23A, SIGNATURE						23B. DATE SIGNED
	Edurand a De	son	M.D.	ttending hys.	Med. Director	Staff Phys.	2/20/65
	23C. PHYSICIAN'S NAME (Type)			23D. AD		.1	
	EDWARD A P	ERSO		UN	IVERSITY	HOSP	ITA'L:
24A	REMOVAL (Specify) 248. DATE	24C.N.	AME of CEMETERY or C	REMATOR	Y 240 L	OCATION (C	ity, tawn, ar county) (State)
	BURIAL FEB. 24	S		HNS		ock Hi	ALL MID
25A	FEB 2 4 1965	NAME O	of REGISTRAR	250	FUNERAL DIRECTOR	Lando	ADDRESS OF
Ve	150-REV. 1/1/65	buch	1 01 4000	١	agar or	Viane C	Juney Auf
- 4	n- T1 1/ 1/ VV						

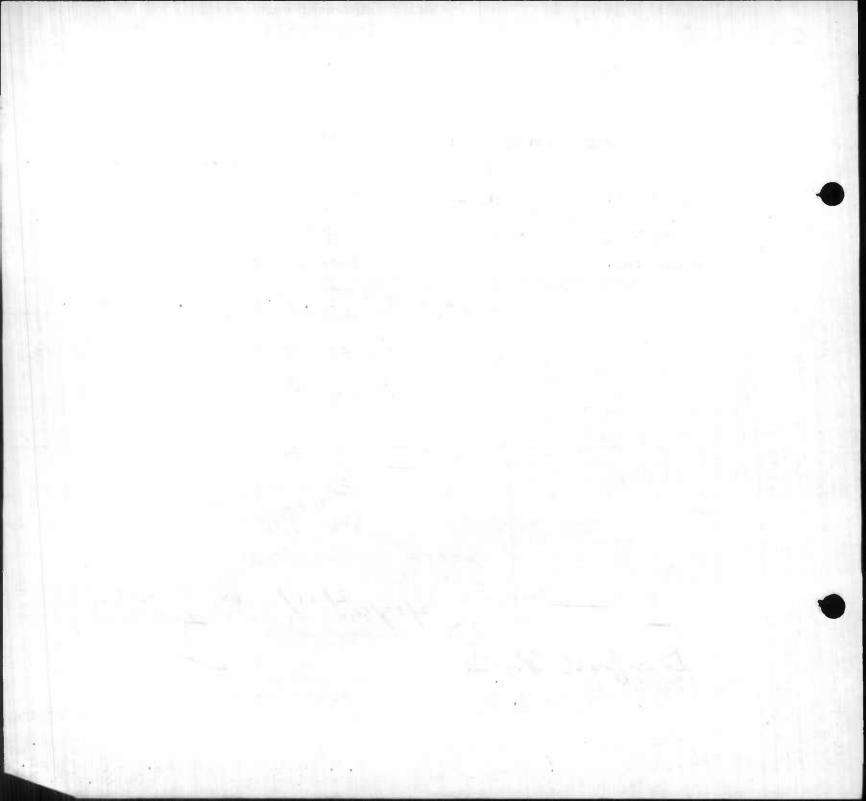


death

Soch the

V\$ 150-REV. 1/1/65

		BALTIMORE CITY	HEALTH DEPARTMENT	CT DO
	NO. 65 2078	CERTIFICA	TE OF DEATH Registered No.	65 2078
1.NA	ME OF DECEASED Win a lat	F. E. Hyatt	2. DATE AND HOUR OF DEATH 2/23/69	5 7-36 M.
3. PL	ACE OF DEATH IN BALTIMONE, MA		4. USUAL RESIDENCE (Where deceased lived. If in	nstitution: residence before admission)
H	ILL NAME OF (If not in hospital OSPITAL OR oddress or location STITUTION	or institution, give street n)	MARYLAND  C. CITY OR TOWN (If outside city limits, write)	RURAL ond give township)
2		- 10	BALTIMORE 2	
-	JOHNS HOPI	KINS HOSPITAL	EARL COURT APTS., 120	O1 ST. PAUL ST.
5. SE	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs, Months Doys Hours Min,
MA	LE WHITE	WIDOWED, DIVORCED (specify)  SINGLE	10-12-88   lost birthdoy! 86	
	JSUAL OCCUPATION (Give kind of work during most of working life, even il retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?
E	ngineer	Chemical	Maryland	USA
	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	JOHN WIGHT		ESTHER COX	
15, W (Yes,	as Deceased Ever in U. S. Armed Formo or unknown) (If yes, give war ar date	rces? 16. SOCIAL ses of service) SECURITY NO.	17, INFORMANT	ADDRESS
N	o	215-10-5753	John H. Wight 700 N.	Charles St.
1	B. 42011	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIE	RECTLY	Myocardial infarct	The I days
	This does not mean the made of		198000000000000000000000000000000000000	
	heatl failute, asthenia, etc. Il means njury ar camplication which caused	the disease, death.)	100111	
	ANTECEDENT CAUSES	(B)	ASCVD.	years
	DISEASES OR CONDITIONS, if			
	ise In the above cause (A) UNDERLYING CONDITION last.	stoling the (C)		
	1			
	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	ATED TO THE		
	9A. DATE OF OPERATION 19B. CON	IDITION FOR WHICH OPERATION FORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
0 2	TIA. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C, WHERE DID (If in Boltimor fice bldg., INJURY OCCUR?	re City, give exoct locotion)
	1D. TIME (Month) (Doy) (Year)		21F. HOW DID INJURY OCCUR?	
2	APPROX.)	While At Work At Work		
2	2. I certify that (1) (this hospital	l) attended the deceased framy	2 2 1 19 65 10	2/23 1965.
11 1	hat (1) (we) last saw the decease	7/12	6519 and that In(my) (our) ap	inian death accurred an the date
0	and haur and from the causes star	ted abave. (1) (We) did) (did not) v	view the bady after death.	
2	3A. SIGNATURE	30 la		23 B. DATE SIGNED
	Douglas W.	Mac Pal Phy		423/65
2	NAME (Type)		23D. ADDRESS	-07
		s W. MacRae M.D.	Johns Hopkins Hospit	
24A.	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (C	City, town, or county) (Stote)
	Burial 2-26-6		Pikesville	Md.
25A.	FFB 2.4 1965	B. D. A. E. Jaco H.A.	H.W. Jenkins & Sons (	Co.4905 York Ra
	1 LD M I 1000	hroans -, desired, at		Balto, 12



Annual Control		
5	2079	BALTIMORE CITY HEALTH DEPARTMENT

65 2079

	17032 MEDI	CAL E	XAMINER'S CI	ERTIFICATE OF	DEATH Registe	red No.
M.E. CASE NO.					AND HOUR PRONOUNCE	CD_DC4.D
(Type or Print)						
2 DI ACE IN SALT	THOM	ASCINE	BLUE		21-65	12:50 P.M.
FULL NAME OF			TUTION, GIVE STREET	A. STATE Maryland	B. COU	INTY
HOSPITAL OR	ADDRESS OR LOCA	TION)		Baltimore	iside corporate limits, with	RURAL and give township)
JOH	HNS HOPKINS H	OSPITA	L - DOA	D. STREET ADDRESS (IF ro		1213
5. SEX Female	6. RACE Colored		D, NEVER MARRIED, DIVORCED (specify)	8. DATE OF BIRTH 6/28/63	9. AGE (In years last birthday) 20 mos.	If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours Min.
	UPATION (Give kind of work working life, even if retired)	10B. KIND (	OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (Stote or for Balto. Md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	A E			14. MOTHER'S MAIDEN NA		OOA
Th	omas Blue, Ji			Bennie Fi	sher	
	D EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	SHET	ADDRESS
	(If yes, give war ar date			Thomas Blue	Jr. 2415 Lle	welyn Ave.
18.	2-7	727	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEAS	SE OR CONDITION DI	DECTIV				ONSET AND DEATH
DISEA	LEADING TO DEATH	RECILI	(A)	Interstitial pr	neumonitis	
DISEASES RISE TO TH	nosthenio, etc. It meons mplication which coused ANTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST	deoth.) S .NY, GIVING	(B)			
_	NG CONDITION LAST.	ni i	(C)	**************************************		
O THE	NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO				
19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	Yes Yes	No) 20B. IF YES, WERE FILL IN CERTIFYING CAU	
UNDERLYING	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	21 E hor etc.	R. PLACE OF INJURY (e.g., ne, form, foctory, street, o.)	in or obout 21C. WHERE DII lfice bldg., INJURY OCCUR?	D (If in Boltimore City, gi	ve exact location)
21 D TIME OF INJURY (APPROX.)	(Month) (Day) (Yeo		WHILE AT NOT WORK AT W	21 F. HOW DID I	NJURY ÓCCUR?	
	tify that I held on 1				this bosis, death in n	
	Ited from: <u>Natural ca</u>	uses X	Accident Suicid	CHIEF MEDICAL	Undetermined monne	
SIGNAT	URE Olisself	5		ASSISTANT MEDICAL ASSOCIATE MEDICAL		2-22-65
EXAMIN NAME (			HER, M.D.			, town, or county) (State)
REMOVAL (Specify	y)					e, Maryland
Burial 24A. DATE REC'D	2/26 BY HEALTH DEPT.		Mt. Calvar	24C. FUNERAL DIREC		ABBREE
	FEB 2 4 1965	Role	SE. Farbuna			1735 Harford Ave.Balto. Md.

Land methodali cità . Ti. moth manufic

IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT Registered No. ME CASE NO. CERTIFICATE OF DEATH of death Deceased Such I NAME OF DECEASED 2. DATE AND HOUR OF GEATH (Type or Print) 0 GILLESPIE. LYMAN WILLARD FEBRUARY 21, 1965 death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) ance MARYT.AND (4) Undetermined cause; (5) or contributing cause Ill not in hospital or institution, give street FULL NAME OF HOSPITAL OR address as location C CITY OF TOWN (If outside city limits, write RURAL and VETERANS ADMINISTRATION HOSPITAL attend BALTIMORE = prior 3900 LOCH RAVEN BLVD D. STREET ADORESS (If rural, give location) occurred BALTIMORE, MARYLAND 21218 835 NORTH EUTAW STREET regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. eceased DE Months Ooys WIOOWED. DIVORCED (specify) last birthday Hours MATE CAUCASIAN DIVORCED 16A USUAL OCCUPATION (Give kind of work) 10R. KIND OF RUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF isposition WHAT COUNTRY? done during most of working life, even it retired) 2 ŏ SHIP FITTER SHIPYARD BRANDON VERMONT II.S.A SDM the 13. FATHER'S NAME direct SIMON GILLESPIE\* ANNA O. ATWOOD assistant death On 15. Was Deceased Ever in U. S. Anned Forces ADDRESS 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of YES 6/9/50 TO 11/2 SECURITY NO attendance 214 16 3725 V.A.HOSPITAL. BALTIMORE. MARYLAND 21218 any CAUSE OF DEATH pronounced INTERVAL BETWEEN 10 ONSET AND DEATH his DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH Bronchopneumonia, right lower 1 month fracture (This does not mean the made of dying, e.g., ar heart failure, asthenio, etc. It means the disease, lobe the chief medical examiner injury or camplication which caused death.) 3-4 years regul Cirrhosis, liver ANTECEDENT CAUSES ho 4 are DISEASES OR CONDITIONS, if any, giving 3 ? 3 Weeks Subdural hematoma 3 rise to the above cause (A) stating the physician remains UNDERLYING CONDITION Igst. MOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the (2) Body 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED YES the body was released to the hospital by 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING where (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF ° MEDICAL DEATH (notify medical examiner) etc.) any nature; obtained 21 D. TIME (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DIO INJURY OCCUR? (Hour) 9 OF INJURY approved (except While At Not While F (APPROX.) Work and 22. I certify that A) (this hospital) attended the deceased from JANUARY 19. 1965 to FEBRUARY 21 that (M (we) lost saw the deceased alive on FRBRUARY 21 19.65 and that in My) (our) opinion death occurred on the date of eath) hospital and hour/and from the couses stated above. 10 (We) (did) (dytypt) view the bady after death. accident 23A. SIGNATURE 23 B. DATE SIGNEO 0 Attending Stoff Med. M.D. 10 Phys. approval Director 0 23C. PHYSICIAN'S 23D. ADDRESS prior to NAME (Type) An

David N Marine 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

2/22/65

V.A. HOSPITAL

RAVEN BLVD. BALTIMORE MD.

24C. NAME of CEMETERY OF CREMATORY CEDAR HILL

ANNE ARUNDEL COUNTY,

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

O. A.

å

SDM

eceased

T

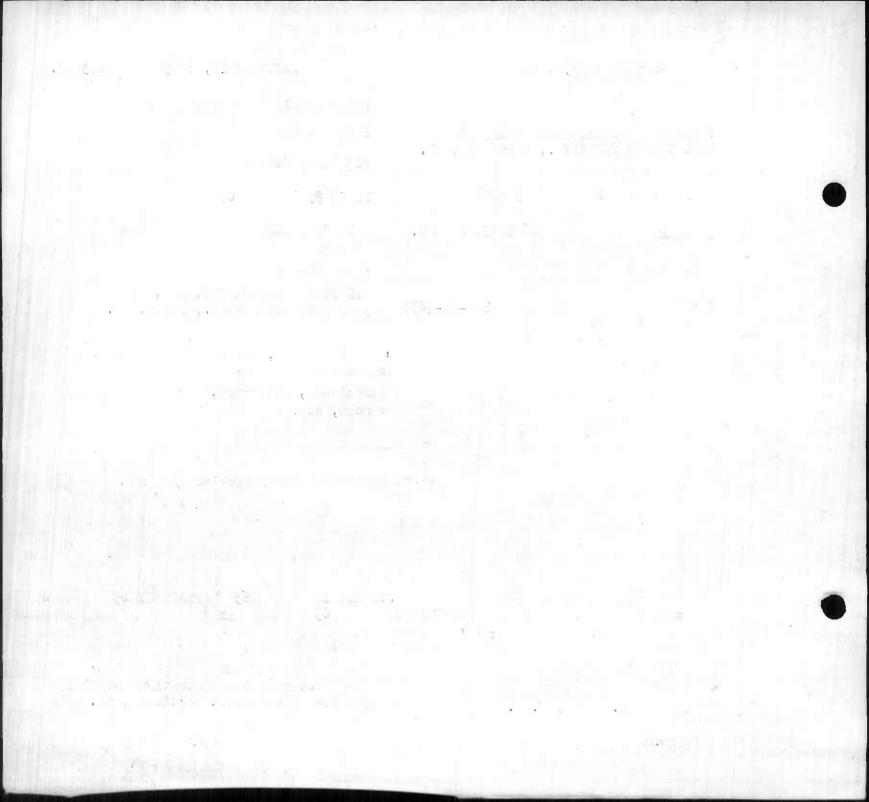
shows: (1)

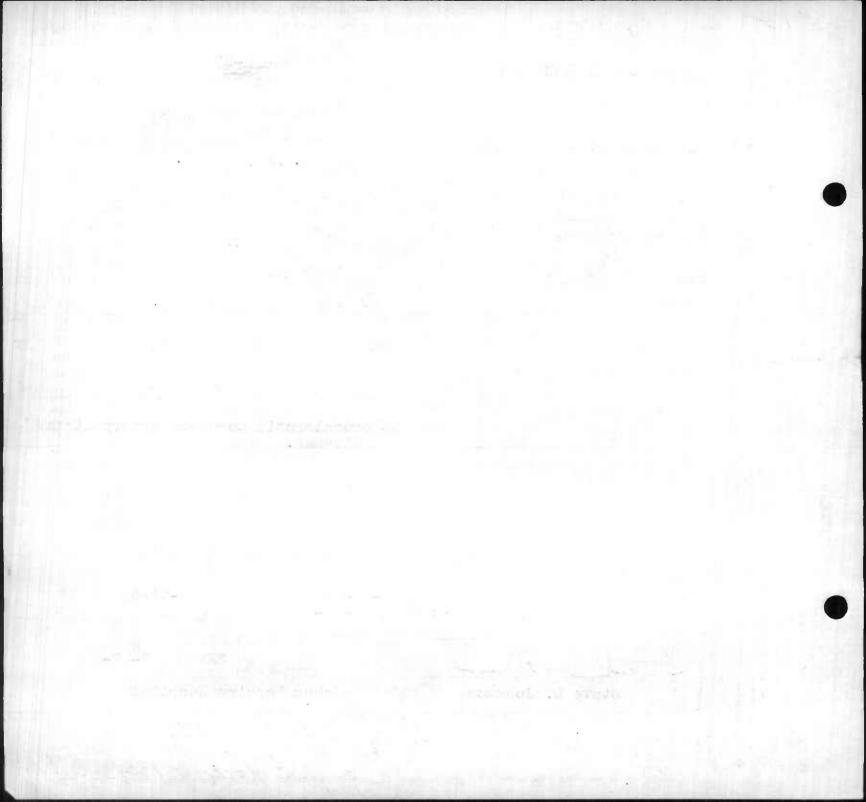
To the 

VS 150-REV. 1/1/65

Such

	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. 65 208	1 CERTIFICA	ATE OF DEATH Registered No.	65 2081
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
CHESTER (NMI	118880000000000000000000000000000000000	FEBRUARY 19, 1965	
3. PLACE OF DEATH IN BALTIMORI	E MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	stitution: residence before admission)
FULL NAME OF (If not in ha oddress or I	spital ar institution, give street ocation)	PENNEYLVANIA PHILADELI C. CITY OR TOWN (If outside city limits, write in	
VETERANS ADMINISTR	ATION HOSPITAL	PHILADELPHIA	
3900 LOCH RAVEN BL	VD., BALTIMORE, MD.	D. STREET ADDRESS (If rural, give location) 823 ELAND STREET	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 69	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION Give kind	of work 108, KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF
done during most of working life, even if re	SANITATION DEPT.	SOUTH CAROLINA	WHAT COUNTRY?
TABORER 13. FATHER'S NAME	SANTIALION DALLS	14. MOTHER'S MAIDEN NAME	000
WELL WALKER		JULIA WALKER	
15. Was Deceased Ever in U. S. Arm		17. INFORMANT	ADDRESS
(Yes, na ar unknawn) (If yes, give war o	1-4	CLINICAL RECORDS, VET. ADI	
18.	186-03-4633 CAUSE (	3900 LOCH RAVEN BLVD., BAJ	INTERVAL BETWEEN
DISEASE OR CONDITIO			ONSET AND DEATH
LEADING TO DE	(A) HY	conchopneumonia, Acute	3 days
(This does not meon the more heart failure, asthenia, etc. 11 r	de of dying, e.g., neans the diseose,	aphylococcus Aureus	
injury or complication which c		berculosis, Pulmonary, Far	3 months
ANTECEDENT CA		lvanced, Active	2.11011018
DISEASES OR CONDITIONS,		avanced, active	
UNDERLYING CONDITION IO		######################################	
_ 11	The second secon		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE		eclements dente Die	
DISEASE OR CONDITION CAUS	SING IT. FILL DELLC	osclerosis Cardiovascular Dis	FINDINGS CONSIDERED
	S PERFORMED	YES IN CERTIFYING CA	USES OF DEATH?
21A: A CCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O DEATH (notify medical exemine)	ING 21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)		City, give exact lacation)
O 21 D. TIME (Month) (Day)	(Year) (Haur) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh	nile —	
22. I certify that (+) (this ha	spital) attended the deceased from	JANUARY 12 1965 to FEBR	UARY 19 19 65 .
	ceased alive an FEBRUARY 19		nian death accurred an the date
and haur and fram the cause	s stated above. (20 (We) (dld) (2000)	view the bady after death.	
23A. SIGNATURE			23B. DATE SIGNED
NAME OF THE PARTY	M.D. A	ttending Med. Staff Phys. 2	2/19/65
23C. PHYSICIAN'S NAME (Type)	eth 7. Payme ms	23D. ADDRESS Veterans Administra	tion Hospital
KENNETH N. PAYN	E, M. D. M.D	3900 Loch Raven Blvd. Balt	
24A. BURIAL CREMATION, 24B. DA	n n// 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (Ci	ty, lown, or county! (State)
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS /
FEB 2 4 19	65 Robert E. Farkey M.A.	Kaymen & Andors	117 8 Preston S

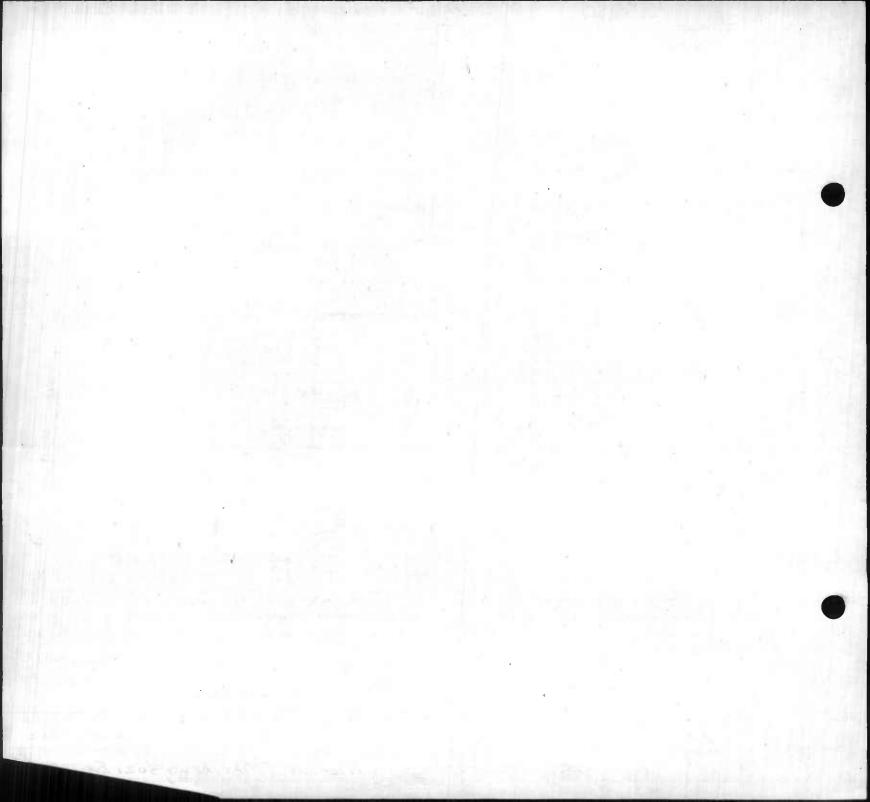




## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not man the mode of dying, e.g., head folius, ashanio, etc., it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving tise to the obeve cause (A) stating the UNDERLYING CONDITION lost.  OUE TO  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION  OR CONTRIBUTING CAUSING II.  DISEASE OR CONDITION OF WHICH OPERATION  ON CONTRIBUTING CAUSING II.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION TOR WHICH OPERATION  OR CONTRIBUTING CAUSING II.  DISEASE OR CONDITION CAUSING II.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION TOR WHICH OPERATION  OR CONTRIBUTING CAUSING II.  DISEASE OR CONDITION TOR WHICH OPERATION  OR CONTRIBUTING CAUSING II.  TO THE DEATH BUT NOT RELATED TO THE CONDITION TOR WHICH OPERATION  OR CONTRIBUTING CAUSING II.  DISEASE OR CONDITION CAUSING II.  TO THE DEATH BUT NOT RELATED TO THE CONDITION TOR WHICH OPERATION  OR CONTRIBUTING CAUSING II.  TO THE DEATH BUT NOT RELATED TO THE CONDITION TOR WHICH OPERATION  OR CONTRIBUTING CAUSING II.  TO THE DEATH BUT NOT RELATED TO THE CONDITION TOR WHICH OPERATION  OR CONTRIBUTION CAUSING II.  TO THE DEATH MORE THE CONDITION TOR WHICH OPERATION  TO THE DEATH MORE THE CONDITION TOR WHICH OPERATION  TO THE DEATH BUT NOT RELATED TO THE CONDITION TOR WHICH OPERATION  TO THE DEATH BUT NOT RELATED TO THE CONDITION TOR WHICH OPERATION  TO THE DEATH BUT NOT RELATED TO THE CONDITION TOR WHICH OPERATION  TO THE DEATH BUT NOT RELATED TO THE CONDITION TOR WHICH OPERATION  TO THE DEATH BUT NOT RELATED TO THE CONDITION TOR WHICH OPERATION  TO THE DEATH MORE THE CONDITION TO THE CONDITION TO THE CONDITION TOR WHICH OPERATION  TO THE DEATH MORE THE CONDITION TO THE CONDIT	05 0000	BALTIMORE CITY HEALTH DEPARTMENT
PLANTED OF DECRASO	MAIII III	CERTIFICATE OF DEATH Registered No. 100 2000
3. SEATHER SHAME  S. SEE  S. SEE  S. SEE  S. AGE IN your object to include the second of the second	I. NAME OF DECEASED	
HOSPITAL OF MATERIAL PARTY DE CONTRIBUTING address or location add		4. USUAL RESIOENCE (Where deceased lived. Il institution: residence before admission
NATITUDION  MARNED, NEVER MARRIED, STREET ADDRESS (If rout) are storological powers of the storogy of the storo		
5. SEE   A. BACE   D. MARRIED, NEVER MARRIED   S. OFT OF BIRTY   S. ADE (any one)   D. OFT OF BIRTY   D. OFT OFT OF BIRTY   D. OFT OFT OF BIRTY   D. OFT	INSTITUTION	11 1 Paltinge 11-01
S. SEE   C.BACE   N. MARRIED, NEVER MARRIED   S. DATE OF BIRTH   10.3 S. 7.00 et al. month of the country   Work Of the country   Wo	Montebello Idate Hos	
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING  DISEASE OR CONDITIONS, if only, giving rise to the observed country or complication which caused death, see to the observed country or complication which caused death, see to the observed country or complication which caused death, see to the observed country or complication which caused death, see to the observed country or complication which caused death, see to the observed country or complication which caused death, see to the observed country or complication which caused death, see to the observed country or complication which caused death, see to the observed country or complication which caused death, see to the observed country or complication which caused death, see to the observed country or complication which caused death, see to the observed country or complication which caused death, see to the observed country or complication which caused death, see to the observed country or complication which caused death, see to the observed country or complication which caused death, see to the observed country of the observed country or complication which caused death, see to the observed country of the observed countr		
done depide most of weeking life, spen it relieved  12. FATHER'S NAME  13. PATHER'S NAME  15. WOO DOCEMENT TW. INTU. S. Amred Facces?  15. J.	F W Widoweo, Di	DIVORCED (specify) 4/10/35 lost birthdoy Month's Ooys Hours Min.
13. PATHERS NAME  SCORDS 15. WAS ORGENERAL TOWN IN J. Annual Faces? 17. INFORMANT  SECURITY NO.  18. JOHN SCORDS 17. INFORMANT  SECURITY NO.  18. JOHN SCORDS		WHAT COUNTRY?
15. We o Deceased See WU, S. Amed Fried? Trest, not rinknown lift yes, give wor of does of sorrice)  15. J.	Nouse wite	
15. West Oaceassed Ever IV U. S. Armed Forces? (Test, nor or whom) (If yes, give we're' of detes of sorvice)   25. SOCIAL SCENTIN MO.   217 - 237   237	George Kiokos	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., theat follow, callening etc.) theat follow, cathering etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving isse to the obove cause (A) stating the UNDERLYING CONDITION last.  I)  OISEASES OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION CAUSING IT.  OISEASE OR CONCINION SUBJECT OF THE COLORY OF THE OISEASE OR CONCINION CAUSING IT.  OISEASE OR CONCINION CAUSES OF DEATH!  OISEASE OR CONCINION CAUSING IT.  OISEAS	15. Was Occased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer or dotes of service)	SECURITY NO.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if only, giving rise to the above cause (A) stating the UNDERLYING CONDITION for the DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION COUNTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CONDITION FOR WHICH OPERATION  20 A LOTTE DEATH BUT NOT RELATED TO THE COLLECT OF THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CONDITION FOR WHICH OPERATION  21 A LOTTE DEATH BUT NOT RELATED TO THE COLLECT OF THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  21 A LOTTE DEATH BUT NOT RELATED TO THE COLLECT OF THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  21 A LOTTE DEATH BUT NOT RELATED TO THE COLLECT OF THE COLLECT OF THE DISEASE OR CONDITION CAUSING IT.  21 A LOTTE DEATH BUT NOT RELATED TO THE COLLECT OF INJURY (e.g., in or obout 21 C. WHERE DID IN CERTIFING CAUSES OF DEATH?  21 DISEASE OR CONDITION CAUSING IT.  22 DISEASE OR CONDITION CAUSING IT.  21 DISEASE OR CONDITION CAUSING IT.  22 DISEASE OR CONDITION CAUSING IT.  22 DISEASE OR CONDITION CAUSING IT.  23 DISEASE OR CONDITION CAUSING IT.  24 DISEASE OR CONDITION COURTED IN CERTIFIED OR CAUSES OF DEATH?  24 DISEASE OR CONDITION COURTED IN CERTIFIED OR CAUSES OF DEATH?  25 DISEASE OR CONDITION FOR WHICH OPERATION CAUSES OF DEATH?  24 DISEASE OR CONDITION FOR WHICH OPERATION CAUSES OF DEATH?  25 DISEASE		
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heath folius, calkedy, e.g., the most folius, calkedy, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving inse to the obove cause (A) stoling the UNDERLYING CONDITION CONDITION S.  OUE TO  OUT TO  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION S.  OUE TO  OF CONTRIBUTING CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  OF A COATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSYPT(Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  OF A COATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSYPT(Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION COURTED  WAS PERFORMED.  DISEASE OR CONDITION CAUSING CAUSE OF DEATH.  DISEASE OR CONDITION COURTED  TO THE DEATH ON THE CAUSE OF DEATH.  DISEASE OR CONDITION COURTED  TO THE DEATH ON THE CAUSE OF DEATH.  DISEASE OR CONDITION COURTED  TO THE SIGNIFICATION CAUSING IT.  DISEASE OR CONDITION COURTED  TO THE SIGNIFICATION CAUSING THE CAUSING CAUSE OF DEATH.  DISEASE OR CONDITI		CAUSE OF DEATH
heart failure, asthenia, atc. It means the diseases, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving isse to the obove cause (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PEARTH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE PEARTH PARTY TO THE DEATH BUT NOT RELATED TO THE PEARTH BUT NOT RELATED TO THE PEARTH PARTY TO THE DEATH BUT NOT RELATED TO THE PEARTH PARTY TO THE PEARTY PARTY TO THE PEARTY PARTY TO THE PEARTY PARTY TO THE PEARTY PARTY PARTY TO THE PEARTY PARTY P	LEADING TO DEATH	(A) Savoro anomia
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving inse to the obove cause (A) stating like UNDERLYING CONDITION task.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  POLICY  DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  POLICY  DISEASE OR CONDITION CAUSING IT.  1984. CONDITION FOR WHICH OPERATION  1984. CONDITION FOR WHICH OPERATION  2014. AUTOPSY? (Tes or No.)  2015. IF YES, WERE FINDINGS CONSIDERED IN CERTIFITION CAUSES OF DEATH?  1984. ACCIOENT WAS UNDERLYING  DOR CONTRIBUTING  CAUSE OF DERRITION  218. PLACE OF INJURY (e.g., in or obout) 210. WHERE DID  DOR CONTRIBUTING CAUSE OF  DOR CONTRIBUTING  DOR CONTRIBUTING  CAUSES  DISEASE  1984. ACCIOENT WAS UNDERLYING  DOR CONTRIBUTING CAUSE OF  DOR CONTRIBUTING CAUSE OF  DOR CONTRIBUTING CAUSE OF  DOR CONTRIBUTING CAUSE OF DEATH?  White AI Work  AI Work  AI Work  AI Work  21F. HOW DID INJURY OCCUR?  While AI Work  AI Work  22F. HOW DID INJURY OCCUR?  While AI Work  AI Work  AI Work  22F. HOW DID INJURY OCCUR?  While AI Work  AI Work  AI Work  AI Work  22F. HOW DID INJURY OCCUR?  While AI Work  AI Work  AI Work  AI Work  22F. HOW DID INJURY OCCUR?  While AI Work  AI Work  AI Work  AI Work  AI Work  22F. HOW DID INJURY OCCUR?  While AI Work  AI W	heart failure, asthenia, etc. It means the disease,	DUE TO
The significant conditions contributing to the decoded form the date ond hour and from the couses stoted above. (I)		Garcinoma, phorynx 2913
UNDERLYING CONDITION lost.    Control   Contro		OUE 10
TO THE DEATH SUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  19A. OATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. OATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. OATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. OATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. OATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION 19B. CONDITI		(C)
TO THE DEATH SUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  19A. OATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. OATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. OATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. OATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. OATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION 19B. CONDITI	z 11	
19A. OATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   1N CERTIFYING CAUSES OF DEATH?    21A: ACCIOENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH?   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   OR CONTRIBUTING   CAUSE OF DEATH?   19	OF THE DEATH BUT NOT RELATED TO THE	cochexia
OR CONTRIBUTING CAUSE OF DEATH (notify modical examined)  218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact locoken) home, form, foctory, street, office bldg., INJURY OCCUR?  DEATH (notify modical examined)  210. TIME (Month) (Doy) (Yoor) (Haur) 21E. INJURY OCCURRED (Art Work) 21D. TIME (Month) (Doy) (Yoor) (Haur) 21E. INJURY OCCURRED (While At Mork) 21D. TIME (Month) (I) (this hospital) attended the deceosed from 12 19 5 to 19	19A. OATE OF OPERATION 19B. CONDITION FOR WHICE	IN CERTIFYING CAUSES OF DEATH?
21D. TIME (Month) (Doy) (Yoor) (Haur) 21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR?  21D. TIME (Month) (Doy) (Yoor) (Haur) 21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCU	O   21A* A CCIOENT WAS UNDERLYING	ACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Baltimore City, give exect location) form, foctory, street, office bldg., INJURY OCCUR?
22. I certify that (I) (this hospital) attended the deceased from 2/19 19 5 to 2/21 19 65, that (I) (we) last sow the deceased olive an 2/21 19 65 and that in (my) our opinion death occurred on the date and hour and from the couses stated above. (I) (we) (did) (did not) view the body ofter death.  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type) Robert W. Ireland  23D. ADDRESS NAME (Type) Robert W. Ireland  23D. ADDRESS NAME (Type) Robert W. Ireland  24D. LOCATION (City, town, or county)  24D. LOCATION (City, town, or county)  25D. DATE REC'D BY HEALTH DEPT. (25B. NAME OF REGISTRAR)  25C. FUNERAL DIRECTOR		JURY OCCURRED 27F. HOW DID INJURY OCCUR?
that (1) (we) last sow the deceased alive an 2/21 19 65 and that in (my) our opinion death occurred on the date and hour and from the couses stated above. (1) (we) (did) (did not) view the body ofter death.  23A. SIGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type) Robert W. Ireland  23D. ADDRESS NAME (Type) Robert W. Ireland  23D. ADDRESS NAME (Type) Robert W. Ireland  24D. LOCATION (City, town, or county)  24D. LOCATION (City, town, or county)  25D. DATE REC'D BY HEALTH DEPT. (25B. NAME OF REGISTRAR)  25C. FUNERAL DIRECTOR		
ond hour and from the couses stoted above. (I) (We) (did) (did not) view the body ofter death.  23A. SIGNATURE  23A. SIGNATURE  23A. SIGNATURE  23A. SIGNATURE  23B. DATE SIGNED  2721/65  23C. PHYSICIAN'S NAME (Type) Robert W. Ireland  23D. ADDRESS  MONTE DELION  23D. ADDRESS  MONTE DELION  24D. LOCATION  (City, town, or county)  24A. BURIAL CREMATION, REMOVAL (Spocify)  24A. BURIAL (Spocify)  24B. DATE  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION  (City, town, or county)  25D. ADATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR	22. I certify that (I) (this hospital) attended the d	
23A. SIGNATURE  23A. SIGNATURE  23A. SIGNATURE  23B. DATE SIGNED  2 / 21 / 65  23C. PHYSICIAN'S NAME (Type) Robert W. Ireland  23D. ADDRESS MONTE DELION  24D. LOCATION  (City, town, or county)  24A. BURIAL CREMATION, REMOVAL (Spocify)  24A. BURIAL CREMATION, REMOVAL (Spocify)  24B. DATE  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION  (City, town, or county)  25D. ADATE REC'D BY HEALTH DEPT.  25D. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR		
23C. PHYSICIAN'S NAME (Type) Robert W. Ireland  24A. BURIAL CREMATION, REMOVAL (Spocify)  24A. BURIAL CREMATION, REMOVAL (Spocify)  24B. DATE  24C. NAME of CEMETERY of CREMATORY  REMOVAL (Spocify)  24D. LOCATION  (City, town, of county)  25D. ADATE REC'D BY HEALTH DEPT.  25D. NAME OF REGISTRAR  (Stote)  25C. FUNERAL DIRECTOR	9	
23C. PHYSICIAN'S NAME (Type) Robert W. Ireland  Montebello State Hosp  24A. BURIAL CREMATION, PARCEL PROPERTY OF CREMATORY REMOVAL (Spocify)  BURIAL  2-24-65  CREEK ORTHODOX Cem.  BALTIMORE  MARV  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR	(1) 57 3() 0	M.D. Attending Med, Stoff Vol 2/2//
24A. BURIAL CREMATION, REMOVAL (Specify)  BURIAL  24B. DATE  24C. NAME of CEMETERY OF CREMATORY  REMOVAL (Specify)  24D. LOCATION  (City, town, or county)  (Stote)  BALTIMORE  MARV  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  [25C. FUNERAL DIRECTOR	23 C. PHYSICIAN'S	nd Montebello State Hosp
BURIAL 2-24-65 GREEK ORTHODOX CEM. BALTIMORE MARY	24A, BURIAL CREMATION, 24B, DATE 24C, NAME	
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR	REMOVAL (Specify)	
FEB 25 1985 Robert E. Farley Micholas T. MATTHEWS >	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	REGISTRAR 25C. FUNERAL DIRECTOR



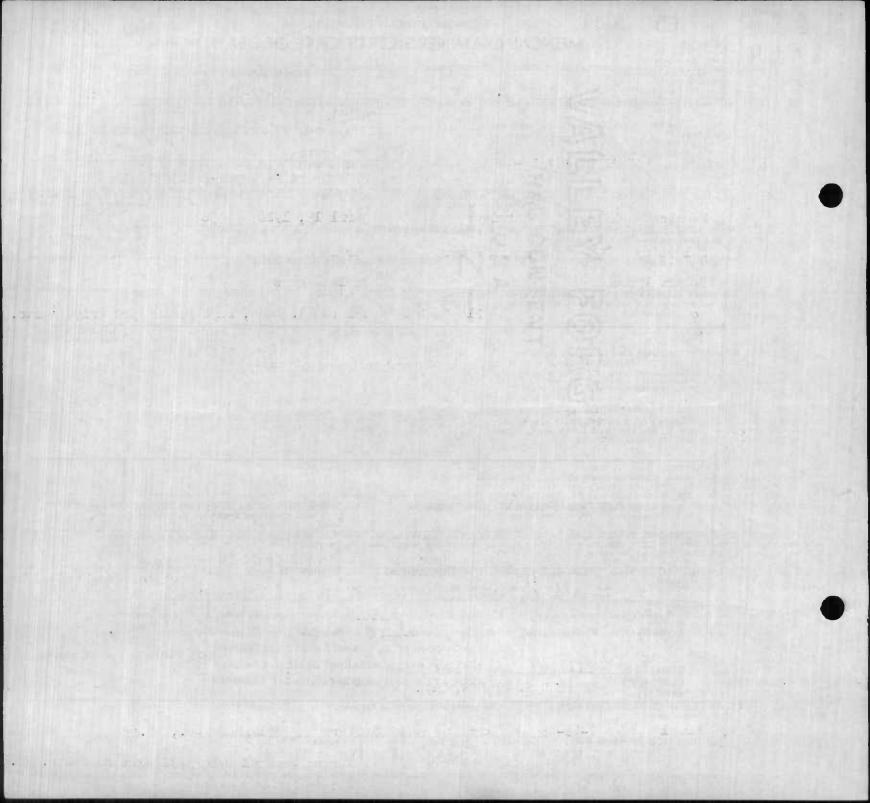
	0004
5.5	2084

BALTIMORE CITY HEALTH DEPARTMENT

65 2084

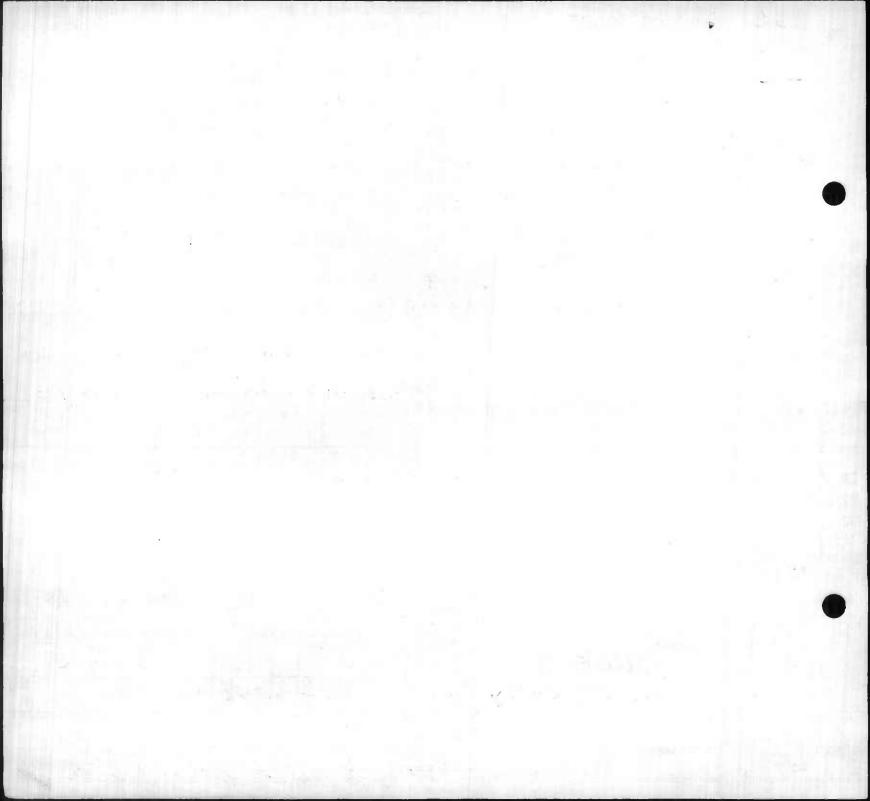
UU	1400					(3
BIRTH NO.	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registere	d No
M.E. CASE NO.						

M.E.	CASE NO.									
1. NAME OF DECEASED (Type or Print)						2. DATE AN	D HOUR PRONOUN	CED DEAD		
			ROSE M.	RUBY			2-65		7:52 A.M.	
3. PL	ACE IN BALT	IMORE, MARYLAND	D, WHERE PRONOL	INCED DEAD	Maryland	NCE (Where	deceased lived. If in B. CC	stitution: reside	ence befare admission	)
HOS	NAME OF	(IF NOT IN HO ADDRESS OR L	SPITAL OR INSTITU	ITION, GIVE STREET	C. CITY OR TOV	N (If autsid	e carparate limits, wr	ite RURAL one	give township)	
		STMAT HOSE	PITAL - DOA		Baltimor	-	/	0-	00	-
		SINAL HOSE	IIAL - DOZ		2138 Dru			1211		
5. SE	X	6. RACE		NEVER MARRIED DIVORCED (specily)	B. DATE OF BIRTH		9. AGE (In years		Yr. If Under 24 Hrs Days : Hours , Min.	
F	emale	White	Marrie		April 15	. 1928	36			
10A.	USUAL OCC	JPATION (Give kind o		BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig	gn country)	12. CITIZEN	OF COUNTRY?	
	Salesla C	waiking life, even if reti tv	Retail	Bakerv	Maryland			USA		
	ATHER'S NAM		1 100 0 mills an	Louis	14. MOTHER'S M.		E	0.03		
I	Robert M	fvers			Viola Sa	kers				
15. W	AS DECEASE	D EVER IN U.S. AR		16. SOCIAL	17. INFORMANT			ADDRESS		
	NO OF UNKNOWN	(If yes, give wor ar	dotes of service)	214 26 2782	Talbott	A. Rub	y, 2138 Dru	uid Park	Drive Bal	to
1	B	7/4 X		CAUSE	OF DEATH	333.00			NTERVAL BETWEEN	
	DISEA	SE OR CONDITION	N DIRECTLY					40E 117	ONSET AND DEATH	
	(This days	LEADING TO DE		(A) Gunsh	ot wound	of head				
	heart failure,	not meon the mod osthenia, etc. It m mplication which cou	neons the disease,	DUE TO						
21	-	NTECENDENT CA	AUSES							
	DISEASES	OR CONDITIONS,	IF ANY, GIVING	DUE TO	•••••					
		E ABOVE CAUSE (								
Z				(C)						-
E		- 11								
CERTIFICATION	TO THE	NIFICANT CONDITION DEATH BUT NOT R CONDITION CAU	T RELATED TO T			*******			na * * a a a a a a a a a a a a a a a a a	
RT		OPERATION 198,		WHICH OPERATION	20 A. AUTOPSY	(Yes or No)	208, IF YES, WERE	FINDINGS CO	N SIDERED	-
Ö	Dunie .	WAS	PERFORMED		Yes		IN CERTIFYING CA	USES OF DEA	TH?	
7		L CAUSE WAS	218.	PLACE OF INJURY (e.g.,	in or obout 21C. V	HERE DID		give exact loc	ation)	-
		OR CONTRIB- SE OF DEATH.	etc.)	, form, factory, street, o			id Dowle Dwd			
121	21D TIME	(Month) (Doy)	(Year) [2	Home			id Park Dri			100
1	OF INJURY		/:15				Sho	ot self	in head wi	th
		2 22 '	65 AM m. V	VORK AT W	ORK 7.6	5 cal.	Spanish pi	istola		_
	22. I cer	tify that I held an	n Inquiry 🗌	Inspection Au	onsy X and	that on th	is basis, death in	my apinian		
	resul	ted fram: Natura	I couses A	Accident Suicid	e X Hamici	de 🗌 📗	Undetermined man	ner 🗌		
	ACTUA	1	200 8	Kalas/		EDICAL EX			DATE SIGNED	
	SIGNAT	. Ente	ELL S. FIS	THER M D	ASSISTANT MI				2-22-65	
234	NAME (	rype)		C. NAME of CEMETERY of	CREMATORY	23 D. I	OCATION (Ci	ty, tawn, or co		_
	OVAL (Specif	y)			. January VIII			,,, 2. 00		
1	Burial	2-25		orraine Park			timore Co.,	Md.	Dates	
24A	. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	AL DIRECTOR	20	7 AL	DDRESS	
		FEB 25 19	65 Obles	E, tarbey M.A	Burge	Funer	al/Mone 36	31Falls	Rd Balto.	Md
VS	151-REV. 1/1/	65 1	15 9 11		By. A	Villa	Il Milier	in	1	=/



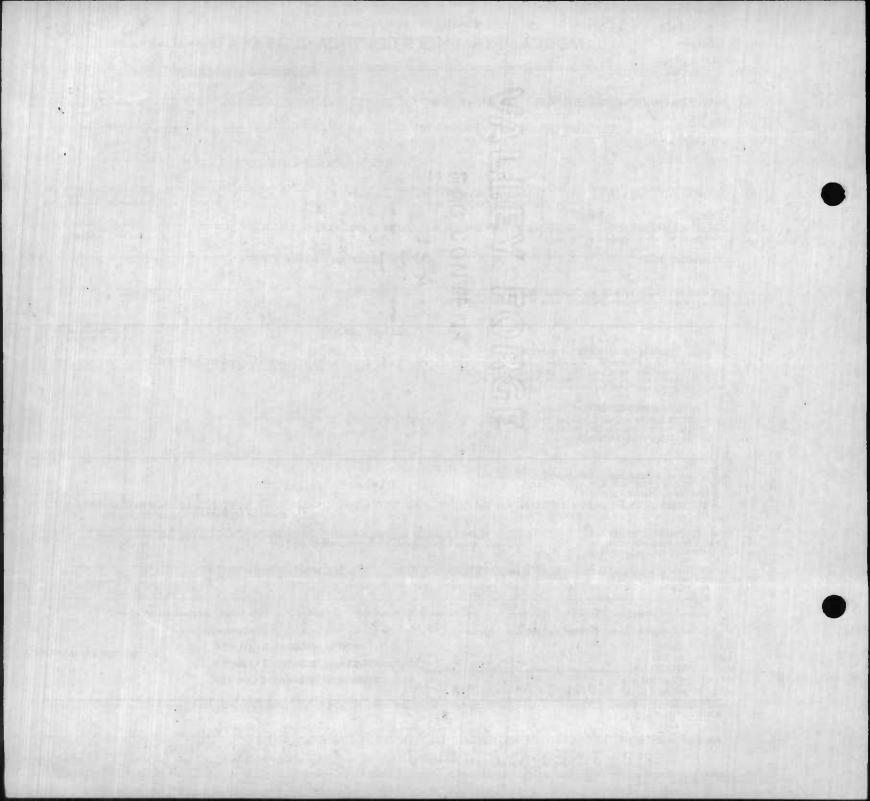
## was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

	0005		BALTIMORE CITY	HEALTH DEPARTMENT		05 0005
BIRTH NO. 65 M.E. CASE NO.	2085		CERTIFICA	TE OF DEATH	Registered Na	65 2085
1. NAME OF DECEA	ERMAN	C. E	PERN HORD		-20-1965	M
3. PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceosed lived. If institu IY	ution: residence before admission)
FULL NAME OF	(If not in hospital a		ve street	C. CITY OR TOWN (If outs	side city limits, write RUR	6-06
NOITUTION	ause of th	HE PIN	IES- BIELVEUR.		7013-4	Ac one give lownship)
2525		SUFRE	Av=	2850 W.	LANVAL	1. 51
5. SEX 6.	RACE		DIVORCED (specify)		ost binbdoy	f Under 1 Yr. If Under 24 Hrs. Annths Doys Hours Min.
	ATION (Give kind of work rking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BirthPLACE (State or foreign	gn country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		11712	1000	14. MOTHER'S MAIDEN NAM	AE	1
CONRI	ad Be	ern Ha	ne d	JOHANNE	TIE %	Volt
(Yes, no or unknown)	ver in U.S. Armed Ford f yes, give wor or dote	s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	7/10	ADDRESS
Yes	NNI		2-17-07-84	17 Mrs. DAS.	stard 8	821 BAKER M
18. 3 B	OR CONDITION DIR	ECTLY	CAUSE O	F DEATH		ONSET AND DEATH
LI	ADING TO DEATH		(A) Carel	novoscular He	morrhage	15-30 min
heart failure, as	mean the made at sthema, etc. II means	the disease,	DUE TO	A	/ /	
	icalian which caused	deain./	Certer	oscleration Va	recular Dis	10-15413.
	CONDITIONS, if		DUE TO			U
	abave cause (A) CONDITION last.	slaling the	(C)			78 Q m (n) (1 × 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0 ×
TO THE DEA	CANT CONDITIONS CATH BUT NOT RELA	TED TO THE	Previous	Vascular 1	remorrhage	
	PERATION 198. CON		HICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINING CAUSE	DINGS CONSIDERED
U 21 A. ACCIDENT	WAS UNDERLYING OF CAUSE OF	21 B. home etc.)	PLACE OF INJURY (e.g., in form, foctory, street, of	or about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
	Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)		Whill	e At Work		7	1
22. I certify th	not (1) (this hospital	ottended th	e deceased from		9 6 2 Ta HE	1960
	st saw the deceose	. Dec			it i (m) (aur) apinio	n death occurred on the dote
23A. SIGNANUR		ed obove	(We) (did) (did not) v	lew the body ofter deoth.	23	B. DAVE SIGNED
(1)	asuri	~	M.D. Atte	ending Med. Director	Stoff Phys.	2/22/65
23C. NHYSTCIAM NAME (Typ	ANK TH	ASIK	JR. M.D.	9005 Hart	ord, Rd.	(34)
24A. BURIAL CREM.	ATION. 24B. DATE	15 24C. NA	ME of CEMETERY OF CRE	MATORY 24D. LO	Ballo	town, or county) (State)
2SA. DATE REC'D B		25B. NAME O	. 6. 1/20/	25C. FUNERAL DIRECTOR	r 10	88 ADDRESS
VS 150-REV. 1/1/65	FD %0 1200	Howev	C. Youkeyral	Chas T. E	JAND Y JON	HARFORD IN
73 130-KE V. 1/1/03						



0	00	13	
0	08	0	

,	65	2086	BALTIMORE CITY	HEALTH D	EPARTMENT		65	2086
BIRT	H NO.	MED	ICAL EXAMINER'S	S CERT	IFICATE OF	DEATH Registe	red No	~000
	CASE NO.							
1. h (Typ	Pe or Print)					ND HOUR PRONOUNCE		11.100
3. P	LACE IN BAL	<i>d</i>	ilson HERE PRONOUNCED DEAD	4. U	SUAL RESIDENCE (Where	eb. 19, 1965 deceased lived. If insti-	tution: residence	11:12P <sub>M.</sub>
HO	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	ET	Maryland			give to waship)
1143	III O II O II	D-1-		D. S	Baltimore TREET ADDRESS (If ruro		1-0	/ .
		Pro	vident Hospital		503 Orcha	rd Street		
5. S	EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		TE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Months Do	Yr. If Under 24 Hrs.
F	emale	Negro	news main	Lef 1	when.	?67		1
		UPATION (Give kind of work working life, even if retired)	NOB. KIND OF BUSINESS OR IN	DUSTRY 11. B	RTHPLACE (State or forei	gn country)	12. CITIZEN WHAT C	OF COUNTRY?
13. I	ATHER'S NAM	ME ,	)	14. N	OTHER'S MAIDEN NAM	AE .	1 gr	2
	M	prouve			11mkni	TILL	1	
		ED EVER IN U.S. ARMED		トン	FORMANT OF	Tus ST	ADDRESS	
	18. 41 -	0 14-02		CAUSE OF	DEATH			TERVAL BETWEEN
	DISEA	SE OR CONDITION DI	RECTLY				A	SET AND DEATH
		LEADING TO DEATH	Ar (A)		clerotic Card	iovascular B	isease	***************************************
	heart failure	not mean the made of a, asthenia, etc. It means implication which caused	the diseose,					
		OR CONDITIONS, IF A	(8)		•••••			••••••• <del>••••••••••••••••••••••••••••••</del>
	RISE TO TH	HE ABOVE CAUSE (A) S'	TATING THE	,				
Z	ONDEREN	no continue tasi,	(C)	************	***************************************	• • • • • • • • • • • • • • • • • • • •		
CERTIFICATION		II	NOTE OF THE PARTY					
O		NIFICANT CONDITIONS DEATH BUT NOT RE		Diab	etes mellitus			
<b>STIF</b>		R CONDITION CAUSING	IT		A, AUTOPSY? (Yes or No	) DOD IE VEC WERE EI	NDINGS CON	CIDEBED
CE	TAL DATE OF	WAS PER		N 20		IN CERTIFYING CAUS		
O	UNDERLYING	L CAUSE WAS OR CONTRIB- JSE OF DEATH.	21B. PLACE OF INJURY home, form, foctory, s	Y (e.g., in or street, office	DO Double 21C. WHERE DID DIdg., INJURY OCCUR?	(If in Boltimore City, gi	ve exoct locoti	on)
MED	01.0			10050	DIE HOW BY IN	LIEV O CCITES		
	OF INJURY	(Month) (Doy) (Yeo		NOT WHILE	21F. HOW DID INJ	ORY OCCUR?		
	(APPROX.)		m. WHILE AT	AT WORK				
	22.	tify that I held on I	nquiry Inspection X	Autopsy	ond that on the	nis bosis, death in m	ny opinion	
	resu	Ited from: Notural co	uses X Accident	Sulcide 🗌	Homicide	Undetermined monne	er 🗌	
		11	- 1.		CHIEF MEDICAL E	XAMINER [		ATE CICHED
	SIGNAT		E. Sileen	M.D. ASS	ISTANT MEDICAL E	XAMINER X		DATE SIGNED
	EXAMI	NER'S			OCIATE MEDICAL E	1	reb.	20, 1965
	NAME (		. Adams, M.D.		155 05 38	DELL IND		
	BURIAL CRE		23C. NAME DICEM	ETERY OF CRE	MATORY 239	PEATON ALL Dity.	town, or coun	nty) (Stote)
-		2, 1	7/ DIRINTOCK	Charge	REALCH	CHOOLTON	e m	24
244		BY HEALTH DEPT.	24B, NAME OF REGISTRAR	SITI	MC FUNERAL DIALCTO	LOV CENT	TACE ADD	MCHR
		FEB 25 1965	Robert E. Jankey	) Trill	J-drown	AIL SEN	a LE	DOUD
VS	151-REV. 1/1,				17		2	11



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

67	BJ
£ \$ 5 £	N
Su	(1
÷ 0 0 4	A. 1. (1
000	
dar (5	
Se) Se)	5. di
6000	P
D 1 0 0	
ib de la la	5.
THE SE	
0 0 0 0	d
tio di	
Van C	1:
5.4. y + qsi	
P d d d	1
kir de de	
day if	1
d d	- Landard Control
Als	
מורסדים	
E S S	l
E de de	
3) / a	
o the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the obtained before the remains are embalmed or final disposition is made.	
lico rns sic wa	:
bu bu	
he dy	1
Book the sky	
10 pe 10 pe	
5 % d & d	1
tort (6)	
h h d d	
th ex obt	
50000	
at h	
de de de	
9555	
ior vo	
AA	
\$5000	2
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
he ho	2
+ u > 0 >	П

101	BALTIMORE CITY	HEALTH DEPARTMENT	CE ODOM
18TH NO 65 2087	CERTIFICA	TE OF DEATH Registe	ored No. 55 2087
N.E. CASE NO.		2. DATE AND HOUR O	F DEATH
Type or Print	ERENIAN EDEDILIN	0	1.4 00 111
GEORGE W. B. PLACE OF DEATH IN BALTIMORE, MAR	YLAND KINNE TREELIN	4. USUAL RESIDENCE (Where deceased	lived. If institution: residence before admission)
		A. STATE B. COUNTY	91203
FULL NAME OF (If not in hospital or HOSPITAL OR oddress or location)	r institution, give street	MARYLAND	2000
INSTITUTION			nits, write RURAL and give township)
		BALTIMORE	21 223
ST AGNES HOSPITA	AL	D. STREET ADDRESS (If rural, give la	cation)
		317 S. PULASKI S	
6. SEX	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In lost birthday)	Months Doys Hours Min.
MALE WHITE	MARRIED	2/7/95 70	
IDA, USUAL OCCUPATION (Give kind of work) Idane during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
FIRE DEPARTMENT OF	BALTIMORE CITY	GERMANY	U.S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
WILLIAM EBERLING		AMELIA WRUCK	
5. Was Deceased Ever in U. S. Armed Force	es? 1 6. SOCIAL	17. INFORMANT	ADDRESS
Yas, no arunknown) (If yes, give war ar dates	of service) SECURITY NO. 212 28 9269		
NO L		ST AGNES RECORDS-C	ATON & WILKENS AVE
1B. 4 20 1 1	CAUSE OF	FDEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRE	CTLY	1/1 5 20 1/	
(This does not mean the made of	dving e.g. DUE TO	VA E 20 Hyp	07FN\$10N
heart failure, asthenia, etc. It means t	the disease.	/ 4	
injury ar complication which caused	death.)	2º MYOCARO	111
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if a		ISCHEMIN	
UNDERLYING CONDITION last.	siding ine	L. A. T. C.	00 00 00 00 00 00 00 00 00 00 00 00 00
Z			
TO THE DEATH BUT NOT RELATED TO SEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 198. COND	ORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YE	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
ERT O		100	
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, of	ar about 21 C. WHERE DID (II i	n Boltimara City, give exect location)
DEATH (natify medical examiner)	etc.)		
DEATH (notify medical examiner)  21D. TIME (Manth) (Day) (Year)  OF INJURY	(Hour) 21E INJURY OCCURRED	21 F. HOW DID INJURY OCCU	R?
₹ (APPROX.)	While At Not While At Work		
22 1		FEB. 21 19 65 10	FEB 22 19.65
22. 1 certify that (1) (this hospital)	EED OO		
that (I) (we) last saw the deceased	alive an FED 22	19	(aur) apinian death occurred an the dat
and haur and fram the causes state	ed abave. (I) (We) (did) (did nat) v	iew the bady after death.	
23A. SIGNATURE	1/		23 B. DATE SIGNED
Weiter ( North	O. Alle Phy:	nding Med. Stoff Phys.	2-22-65
28 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
HENRY R. HEI	RBERT. JR. M.D.	ST AGNES HOSP C	ATON & WILKENS AVE
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CRE		(City, town, or county) (State)
REMOVAL (Specify)			
Burial 2/25/6			e 29, Md.
FEB 25 1965	Robert E Tarber M.	Witzke F.D. 4101 E	Admond Son A TO
LED 29 1300	Ulacon C. John	Trance Lone From E	ATTENDED IN THE STATE OF THE ST

. The state of the last result

death assistant if IMPORTANT his the chief medical examiner FUNERAL DIRECTOR:

the Deceased death

death.

prior

deceased

no

ance

(2)

cause; attend 10

etermined in regular

Dud

4

Mas the

death 0

pronounced

who 10

physician

the 0

where

(except

hospit

O

O

SD

(2)

any nature;

of

accident

An

shows: Ö

the body was

to the hospital

approved

Was

No physician

9

and

.

death) 0

10

prior ţ

eceased

fracture

3

examiner

medical

attendance

gular

cause

contributing

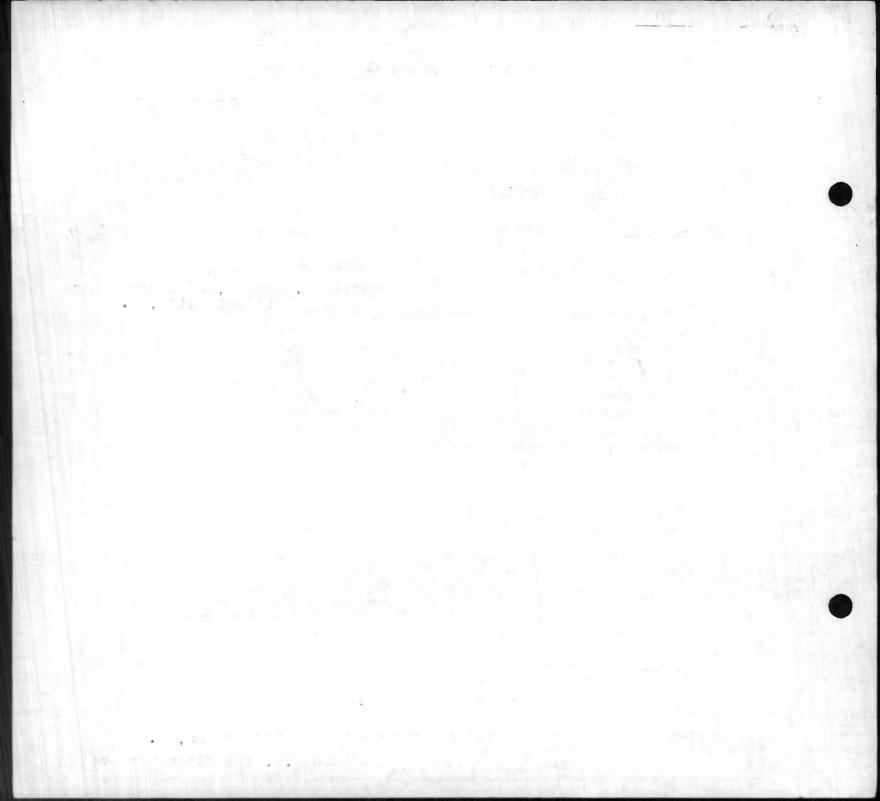
0

hospital of

=

occurred

BALTIMORE CITY HEALTH DEPARTMENT CATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) EILEEN 2-22-65 4. USUAL RESIDENCE (Where deceased lived, It institution; residence before admission 3. PLACE OF DEATH IN BALTIMORE, MARYLANI A. STATE MARYLAND BALTIMORE HOURS (If outside city limits, write RURAL and give hownship) FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or tocotion) CITY OR TOWN HOSPITAL CHURCH LANE 727 Pou 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy White -27-3 FEMALE White MIGHT 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Married 12. CITIZEN OF WHAT COUNTRY? final disposition MARYLAND Own Home U.S.A Housewife 14. MOTHER'S MAIDEN NAME ISTOPHER SeneTT 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give wor or dates of service) Charles W. Hodges, 227 Church Lane 6. SOCIAL SECURITY NO. NO Ellicott City.Md. CAUSE OF DEATH 0 1 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the made of dying, e.g., heort failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, day rise to the above cause (A) slating the be obtained before the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED RYSM LNCU 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (It in Boltimore City, give exact location) MEDICAL DEATH (notity medical examiner) etc.) 21 D. TIME (Hour) 21 E. INJURY OCCURRED (Month) (Doy) (Year) 21 F. HOW DID INJURY OCCUR? OF INJURY Not White While At [ (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram 19 that (1) (we) last saw the deceased alive an. .....and that in (my) (over) apinion death accurred an the date and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending [ Med. Law along Staff M.D. Phys. Director approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) BRANDER 6 W M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Baltimore Bational 2/25/65 Burial Baltimore 29 Md. 25C. FUNERAL DIRECTOR WITZKE F.D. 4101 Edmondson Ave A.DDRESS VS 150-REV. 1/1/65



Such

prior to death.

			BALTIMORE CITY	HEALTH DEPARTMENT		65 2000
BIR	TH NO. 65 2089		CERTIFICA	TE OF DEATH	Registered Na.	65 2089
M.	E. CASE NO. NAME OF DECEASED				ND HOUR OF DEATH	
	B : 4)	AVID EN	IGE L	Fehn	mahu 19 19.	65 1 /CA M
3.	PLACE OF DEATH IN BALTIMORE, A			4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If i	nstitution: residence before admission)
	FULL NAME OF (If not in haspi HOSPITAL OR address or loca INSTITUTION		an, give street	Maryland c. city of town (11 o Baltimore	utside city limits, wife	RURAL and give township)
10	901 Lake D	rive Ap	ot. 4-B	D. STREET ADDRESS	f rural, give location)	
5.	SEX 6. RACE		IED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	Male White		WED, DIVORCED (specify)	Court 05 1007	last birthday	Months Days Hours Min.
102	USUAL OCCUPATION (Give kind of w			Sept. 25.1887	eign country)	12. CITIZEN OF
do	te during most of working life, even if retire Clothing	M69	· 3•	Russia		USA
13.	FATHER'S NAME			14. MOTHERS MAIDEN NA	ME	
	Abraham En	gel.		Sarah ?		
1 S. (Y e	Was Deceased Ever in U. S. Armed s,na or unknawn) (If yes, give wor or d	Forces? lates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				Mrs. Tillye E	ingel 901	Lake Drive Apt. 4-
	18.22 20,0 I		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION		0 +			
	LEADING TO DEAT		(A) COUL	riordente her	W disease	1 Cylor
	(This does not mean the made heart failure, asthenia, etc. It mea injury or complication which caus	ins the dise	g.,			0
	ANTECEDENT CAUS		(B)			
			DUE TO			
	DISEASES OR CONDITIONS, i					114 113
	UNDERLYING CONDITION last.		000000000000000000000000000000000000000	MAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	# ##### #A # # # # # # # # # # # # # #	
TION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R	ELATED TO	TING THE			
CERTIFICATIO	19A. DATE OF OPERATION 19B. C	ONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED
RT	WASP	ERFORMED		10	IN CERTIFYING CA	AUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)		21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Baltimo	re City, give exact lacation)
EDI	21D. TIME (Month) (Day) (Ye	ar) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	(APPROX.)		While At Not While Work Not Work	e 🗌		
	22. I certify that (I) (this haspi	tel) attende	ed the deceased fram	March	19 6 Y to	7-119 1965
-	that (I) (we) last saw the deced	sed alive	on 7-6-16	19 65 and t		Inlan death accurred an the date
	and haur and fram the causes s	tated abay	e. (1) (Wed (did) (did mest) v			
	23A. SIGNATURE		( , ( , , , , , , , , , , , , , , ,	The bady dilet dedilic		23B, DATE SIGNED
	Herbur h Grandus	heimo	M.D. Atte	ending Med.	Staff Phy s.	2-20-65
	23C.PHYSICIAN'S NAME (Type)			23 D. ADDRESS		
	HERBERT N. GU	INDER	SHEIMER M.D.	(curera a	ds	

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

(State)

25 1965 Robert E. Falley M.A. 2SC. FUNERAL DIRECTOR BURNINGHAM,

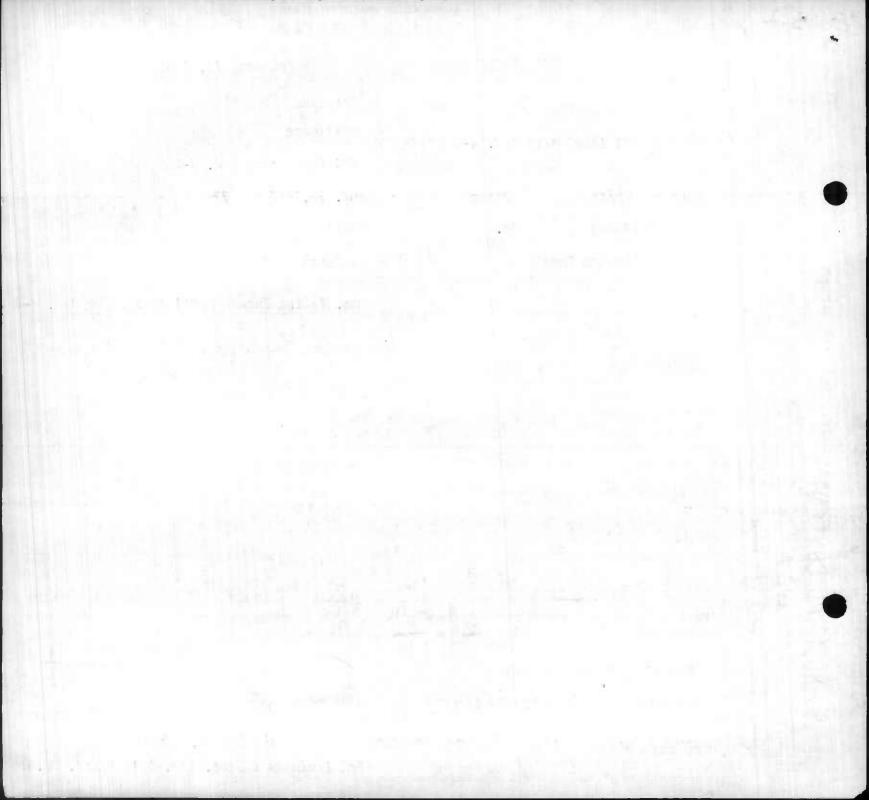
Alabama ADDRESS

Sol Levinson & Bros. Inc. 6010 Reist. Rd.

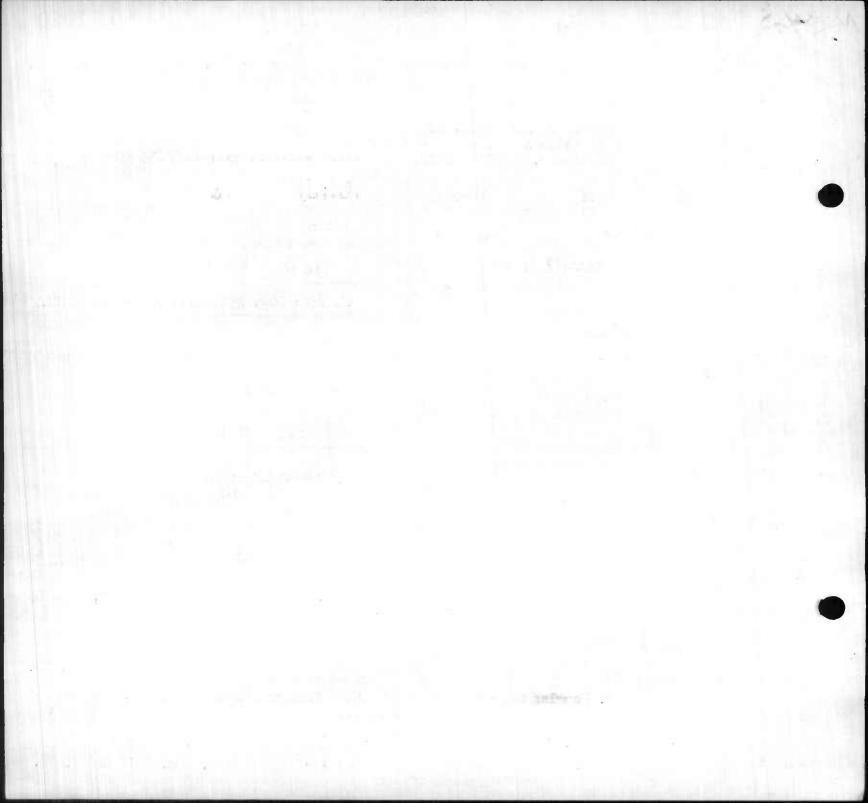
VS 150-REV, 1/1/65

24A. BURIAL CREMATION, REMOVAL (Specify)

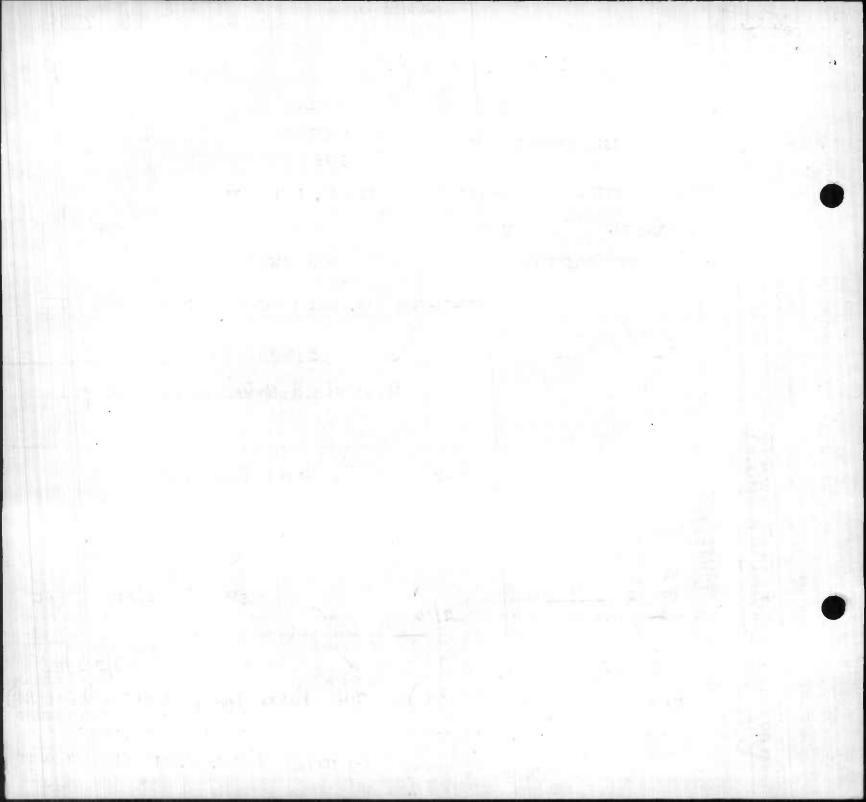
DATE 24B.



	BALTIMORE CITY	HEALTH DEPARTMENT	CE ODDO
BIRTH NO. 65 2090 M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered No.	65 2090
1. NAME OF DECEASED (Type or Print)  Bo	ris Needleman	February 19, 1965	9:55 A.
FULL NAME OF HOSPITAL OR INSTITUTION  Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224		A. STATE B. COUNTY Maryland	
		C. CITY OR TOWN (If outside city limits, write R Baltimore	URAL and give township)
		D. STREET ADDRESS (If rurol, give location)	215 4008 Labyrint
Male White	ARRIED, NEVER MARRIED DOWED. DIVORCED (specify) Married	B. DATE OF BIRTH 9. AGE (In years lost birth) 87	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, K) done during most of working life, even if retired)  Proprietor	ind of Business or industry  Decorator	11. BIRTHPLACE (State or foreign country) Russia	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	F 000 00000	14. MOTHERS MAIDEN NAME	uo/1
Berrill Nee	edleman	Esther ?	
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of so	1 6. SOCIAL SECURITY NO.	17. INFORMANT RECORDS: BCH: 4940 Easte:	rn Avenue #21224
18. 26 0X I		F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	P	neumonia	
(This does not mean the mode of dying heart failure, asthenia, etc. It means the d			
injury or complication which coused death.		iabetes Mellitus	
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stolin UNDERLYING CONDITION lost.			
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		rinary Tract Infection	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID (If in Boltimore ffice bldg., INJURY OCCUR?	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hou		21 F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Work Not White At Work		
22. I certify that (I) (this hospital) atte	nded the deceased from Ma	rch 16, 19 64 to Feb	ruary 19, 19 65
that (I) (we) last saw the deceased aliv	February 19	9 19 65 and that in(my) (aur) api	nian death accurred an the d
and haur and fram the gauses stated ab	ave. (I) (We) (did) (did nat)	riew the bady after death.	
23A. SIGNATURE Degla Car	M.D. Att.	ending Med. Staff s. Director Phys.	February 19, 196
23C. PHYSICIAN'S NAME (Type) Dr. Douglas C.		23D. ADDRESS 4940 Eastern Avenue Balti	more, Maryland
	24C. NAME of CEMETERY TO FR	EMATORY 24D. LOCATION (Ci	ty, town, or county) (State)
Burial Feb. 21/65	Posvohler Friend	lly Society Baltimore, Mo	
FEB 25 1965 (R.Q	LEUS E Farbey M.A.	Sol Levinson, & Bros. Inc.	6010 Reist. Rd.
V\$ 150-REV. 1/1/65			包件。



			BALTIMORE CITY	HEALTH DEPA	ARTMENT		CF 0004		
BIRTH NO.	5 2091		CERTIFICA	TE OF D	EATH	Registered No.	65 2091		
1. NAME OF DE	CEASED ANN	AB	UCHMAN	/	2. DATE A	2. 211	1000		
3. PLACE OF DI	EATH IN BALTIMORE, MA	RYLAND	20111111111		IDENCE (Wh	ere deceased fived. If i	institution: residence before almission)		
FULL NAME HOSPITAL OR			give street		LAND		27-20 RURAL ofd give tawnship)		
INSTITUTION	3316 DEVO	ICUTDE 1	DDT UE		IMORE				
	3310 DEVO	NSIIIRE I	KIVL	3316		rurol, give lacation) SHIRE DRIVE			
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIL	RTH	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.		
FEMALE	WHITE		RRIED (specily)	JUNE 20,	1891	73	170013		
	UPATION (Give kind of work I working lile, even il retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State ar far	eign cauntry)	12. CITIZEN OF WHAT COUNTRY?		
	SEWIFE	AT I	HOME	NEW	YORK		USA		
13. FATHER'S NA		711		14. MOTHERS	MAIDEN NA				
	MEYER GOLDST	=1N		SAK	An KACI	ÆL ?			
15. Was Decease (Yes, no or unknow	d Ever in U. S. Armed For	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN	T		ADDRESS		
NO			214-24-7603	MR. DAN	IEL BUG	CHMAN 3316	DEVONSHIRE DRIVE		
18.33	1 X 1		CAUSE C	F DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEA	ASE OR CONDITION DIR	ECTLY	Car	100h	4 0 0	Do. D.	+ ( ,, ,, , , , , , , , , , , , , , , ,		
	nal mean the made of		DUE TO	u 0 10 - V	eneralized arterio pelerono 10 415.				
	, asthenia, etc. It means mplication which caused	0		1 0	1	- 1			
	ANTECEDENT CAUSES			in order	Sca li	rterio feler	Dio 10 975,		
	DISEASES OR CONDITIONS, if any, giving				0				
	he abave cause (A) IG CONDITION last,	(C)				***************************************			
-	- 11								
DISEASE OF	NIFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	Certerio sc	lerofie	Heart	Disease			
	OF OPERATION 198. CON	DITION FOR Y			SY? (Yes ar N	ol 208. IF YES. WERE	FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIE	ENT WAS UNDERLYING DUTING CAUSE OF ly medical examiner	21 B hom etc.	PLACE OF INJURY (e.g., i e, form, factory, street, a	in or about 21 C. V iffice bldg., (NJUI	WHERE DID RY OCCUR?	(II in Boltimo	re City, give exact location)		
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. H	OW DID IN	JURY OCCUR?			
OF INJURY		Wh	ile At Not Whi	le 🗀					
22 Longif	y that (1) ( <del>this hospital</del>					1058 40	2/21 1965,		
	lost sow the decease		2//4	19 6 J			inion death accurred on the date		
	nd from the couses stat		\ (Wa\ (J:J\ (J:Ja\ .				inion deoth accurred on the dote		
23A, SIGNAT		eg 000ve. (1	) (me) (did) (	view the body	offer death.	)	23B, DATE SIGNED		
1	Barnett Ber	imau	M.D. Att	rs.	Med. Director	Stall Phys.	2/22/65		
PANE RA	RNETT B	ERMF	M. M. M.	714	Park	, Aue.,	BANTIMORE-1-MI		
24A. BURIAL CR	EMATION, 24B. DATE	24C. N	AME OF CEMETERY OF CR	EMATORY	24D.	LOCATION (C	City, tawn, ar county) (State)		
BURIA	0100115	PE	TACH TIKVAH			ROSEDALE	MARYLAND		
25A. DATE REC'	D BY HEALTH DEPT.	258. NAME (	OF REGISTRAR	25C. FUNER	AL DIRECTO	R PRAC THE	SOID REISTERSTOWN RD		
	FEB 2.5 1965	Robert	JE. Jackey Mil	SOL LE	INSON	BROS.INC.	JUIU KLISILKSIOWN KD		
VS 150-REV. 1/1	/65						63		



eceased

ਰ

D.O.

Was

the body

shows:

24A. BURIAL CREMATION, 248, DATE

REMOVAL (Specily

BURIAL

pital and of death

hospita

occurred

on the

ance

attend 0

regular

Such

eath.

0

prior

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) JOSEPH E. CHIPMAN FEBRUARY 18, 1965 RESIDENCE (Where deceased lived. If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or locotion) C. CITY OR TOWN (Il autside city limits, write RURAL ond give BALTIMORE BELVEDERE NURSING HOME D. STREET ADDRESS (If rurol, give location) 2525 BELVEDERE AVENUE 5307 FERNPARK AVENUE mad 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 5. SEX If Under 1 Yi. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months Doys Hours lost birthdoy 12/25/1895 69 MALE WHITE MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLAC. Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) USA RETIRED-INVESTOR STUCKS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BENJAMIN CHIPMAN ROSE 15, Was Deceased Ever in U. S. Armed Forces' 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. MR. NOLAN CHIPMAN 6810 CAMPFIELD RD YES ww CAUSE OF DEATH INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which coused death.) ANTECEDENT CAUSES gre DISEASES OR CONDITIONS, if ony, to the above cause (A) stating the UNDERLYING CONDITION lost remains ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

CERTIFI 21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notily medical examined) etc. (Month) (Doy) (Year) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost saw the deceased olive on. ond that in (my) (our) epinion death occurred on the dote and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A, SIGNATURE 23B. DATE SIGNED Attending Stoll M.D. Med Phys. Director L Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Typel DR. SEYMOUR M.D. 5415 PARK HEIGHTS AVENUE

24C. NAME of CEMETERY OF CREMATORY

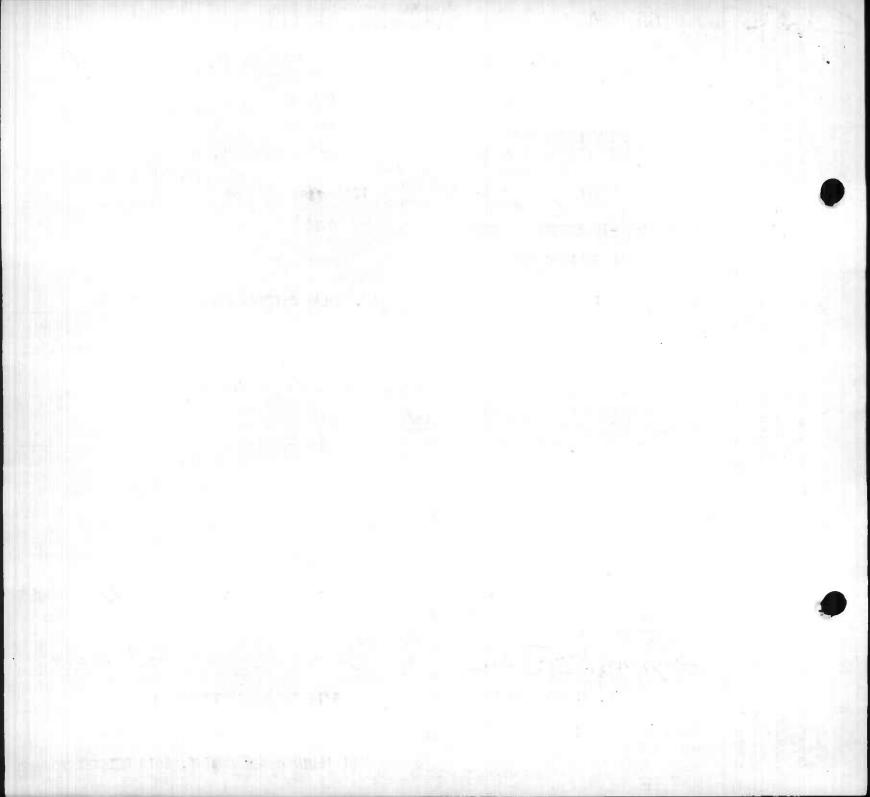
2/21/65 BALTIMORE 258. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN VS 150-REV. 1/1/65

24D. LOCATION

(Stote)

(City, town, or county)

MARYLAND

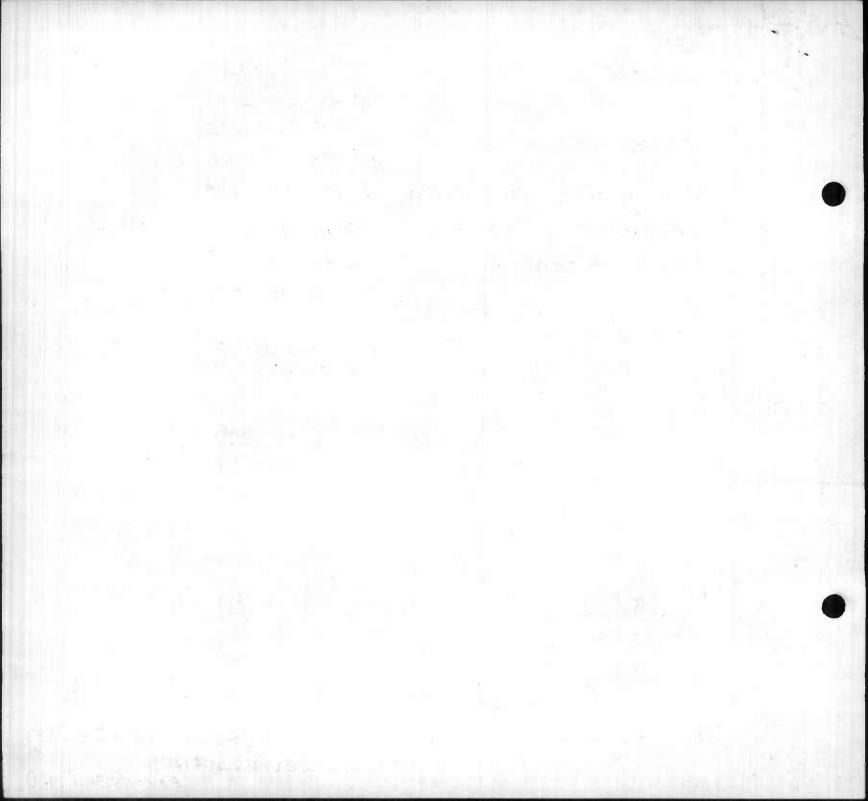


VS 150-REV. 1/1/65

0

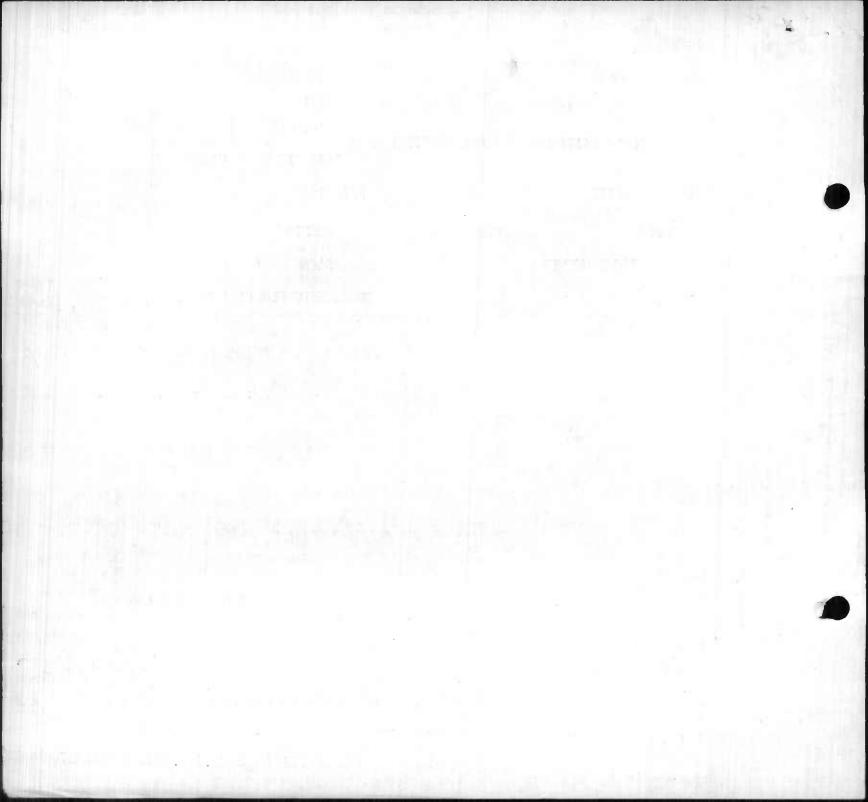
BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 65 2093 CERTIFICA	ATE OF DEATH Registered No. 65 2093
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE MARYLAND	M. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
3. PLACE OF DEATH IN SACIINORS, MARICAND	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
SINAI HOSPITAL	D. STREET ADDRESS (If rurol, give location)
3111111 7103111112	5004 Pimbico RD.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MALE WHITE DARRIED	2-17-1900 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
MERCHANT KETAIL	NEW YORK USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LOUIS HOENIG	HANNAH?
15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or dates of service)   16. SOCIAL   SECURITY NO.	ORS ETHEL HOENIG . ADDRESS
NO 103-12-0691	5004 PIMLICORD
/ CD 10C 1 /	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Summers all CFI, 32 4RS
(This does not meon the mode of dying, e.g., heart foilure, asthenio, etc. It meons the disease, injury or complication which caused death.)	pronchogenite.
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving	
rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION last.	
disease or condition causing it.	nonia, Cachesia.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., or CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)	in or about 21 C. WHERE DID (If in Baltimore City, give exact location)  office bldg., INJURY OCCUR?
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED  OF INJURY  While AI Not Whi	21F. HOW DID INJURY OCCUR?
(APPROX.) While AI Not White AI Work	
22. I certify that (1) (this bespitet) attended the deceased from	12/3/164 19 to 2/2/65 19
that (I) (we) last sow the deceased alive an	and that in(my) (aur) apinian death accurred an the date
and hour and from the causes stated abave. (1) (We) (did) (did not)	
23A. SIGNATURE M.D. At	tending Med. Stoff Phys. 238. DATE SGNED
NAME Type A () 1/7 M.D.	23D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY OF CE	REMATORY   24D. LOCATION (Sity, town, or county) (State)
REMOVAL 2-22-65 CEDAR PA	PARAMUS NEW JERSEY
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR DELLEMAN.	25C. FUNERAL DIRECTOR ADDRESS ANY
FFB 25 1965 (12 ) Laure 2 . Carolin	SOL LEVINSON +BRS

6010 REIST. RD



1	4-1h	
1	00	
*	She th	
	Su	
	- P 0	
	of Do	
	S)	
	da da	
	on on the	i
	E 6 5 7	
	4 + d + d	
	ba ad a	
	trim mim ggu	
	000	
	4 - 1 - 1	
	Si ti	
	w w	
=	Hir (	
4	o to	
	sist the the king de ince	
Ö	14 y d	
P	is all	
Σ	NISON OF THE	
	o de la companya de l	
FUNERAL DIRECTOR: IMPORTANT	er. ctu	
0	היים	
2	AA	
M	3) X C	
=	S ins	
_	dico ico ico ico ico ico ico ico ico ico	
A	be bed hy	
OX.	TE Y G O	
Z	hid a social sisters	
5	by by chy	
-	+ - C - o o	
	ST ST Z	
	d los	
	h h	
-	pro the an	
	10 L	
	0 D O D T T T	
	se s	
	ho d	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such existen approval must be obtained before the remains are embalmed or final disposition is made.	
	at at ro	
	P P P P	
	F\$-000	
	S S S	
	as as	
	サポルション	

			BALTIMORE CITY	HEALTH DEPARTMENT		05 000.
BIRTH NO.	65 2094		CERTIFICA	TE OF DEATH	Registered No.	65 2094
NAME OF DE				2. DATE	AND HOUR OF DEATH	
Type or Print)	HARRY H	ORNER		2	122/65	13:10P N
. PLACE OF D	EATH IN BALTIMORE, MAI			4. USUAL RESIDENCE (WI		nstitution: residence before admission)
FULL NAME	OF (If not in hospital	or institution.	nive street	MARY LAND	JN IY	2709
HOSPITAL O	R address or location		,	C. CITY OR TOWN (IF C BALTIMORE	autside city limits, write	RURAL and give tawnship)
3	SOUTH BALTIMO	DRE GENE	RAL HOSPITAL		If rural, give location) WOOD AVENUE	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. If Under 24 Hrs.
MALE	WHITE		RIED (specify)	6/16/1902	lost birthday) 62	Months Days Hours Min.
	CUPATION (Give kind of work of working life, even il retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	YER	DRE	SSES	RUSSIA		USA
3. FATHER'S N.				14. MOTHER'S MAIDEN N	AME	
	JACOB HORNER	2		SARAH	?	
S. Was Docoas Yes, no ar unkno NO	ed Ever in U. S. Armed Fare wn)(If yes, give war ar date	ces? s of service)	SECURITY NO.	SCHOENBERG ME	MORIAL CAHPE	1400 WEST STREE
rise la	ANTECEDENT CAUSES  OR CONDITIONS, if the obave cause (A) NG CONDITION last.		(B) (C)	9, 17, 10 60	TOWARY May 1.	7.6
TO THE	CONTROL CONDITIONS CONTROL OF CONDITION CAUSING I	TED TO TH	E /NO			
19A. DATE	OF OPERATION 198. CON WAS PERF		WHICH OPERATION	20 A. AUTOPSY? (Yes or	No.) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTR	DENT WAS UNDERLYING DENT WAS UNDERLYING DENT DENT DENT DENT DENT DENT DENT DENT	21 B. ham etc.	e. larm, factory, street, a	n ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimar	e City, give exact lacation)
21D. TIME	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
(APPROX)		Wh	ile At Not While	е		
22 1	f., Abra (1) (AL) - L - 1 - 1			<i></i>	10 4 /	1010.19
	fy that (1) (this hospital		e	10/10		19
	e) lost sow the decease		/			inion death occurred on the do
		ed obove. (	) (We) (did) (did not)	riew the body ofter death	1.	
23A. SIGNA	JURE A S	R			s. "	23B. DATE SIGNED
100	mara /c	Leine	M.D. Att	ending Med. Director	Staff Phys.	2/22/65
23C. PHYSIC NAME	CIANS (Type) BERNA	RD %	BURGIN M.D.	672/ Reu	iterstow	Rd. Balto. 15 n
4A. BURIAL C	REMATION, 248. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24D.		ity, town, ar county) (State)
MOVAL &	BURIAL 2/23/	65 J	EWISH COMMUNI	ТУ	WILMINGTON,	DELAWARE
	DURIAL 2/23/	00	E Tower M. A		OR RRAS THE	6010 RETSTERSTOWN
	FEB 25 1965	Mobal	E. Marsen M	SOF FEATINGOIN	A DROS. INC.	2114
/S 150-REV. 1/	1/65					1/1/2



Such

of death

	BALTIMORE CITY	HEALTH DEPARTMENT		OF OOG
BIRTH NO. 65 2095	CERTIFICA	TE OF DEATH	Registered No	55 2095
M.E. CASE NO.  NAME OF DECEASED  Type or Print)  PEARL LIBITATE	4		D HOUR OF DEATH	2:20 A
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe		
FULL NAME OF (If not in hospital ar institution)  (If not in hospital ar institution)			tside city limits, write	RURAL did give lownship)
SINAI MOSPITAL OF BALTI	MORE		rural, give location) MALL RD	
FEHALE WHITE WID	RRIED, NEVER MARRIED (Specify)  WARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Days Hours Min.
too. USUAL OCCUPATION (Give kind of work) 108, KIN done during most of working life, even if retired) HOUSEWIFE	AT HOME	RUSSIA	ign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME RALPH ABRAMS		DORA ?	ME	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown) (If yes, give war ar dates of ser	vice) 1 6. SOCIAL SECURITY NO.	MR. ALEXANDER	LUBICH 4439	PALL MALL RD
LEADING TO DEATH	CE) KI/	ATIVE MEANT F	-11111111	
(This does not mean the made of dying, heart failure, asthenia, etc. It means the disinjury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION last.	e.g.,	HESTIVE HEART F WAL FAILLIKE- EPLOSCIERDTIC		78904/Sa_
hearl failure, asthenia, etc. It means the distingury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating	giving (C) ALT	PAL FAILLIRE - ERUSCLEROTIC  20A. AUTOPSY? (Yes or N.	PULLIONARY E	FINDINGS CONSIDERED
hearl failure, asthenia, etc. II means the disinjury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, is is a the above cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO OPERATION 179B. CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO OPERATION 179B. CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO OPERATION 179B. CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO OPERATION 179B. CONDITION 179B. CONDI	iuting The  (B)  DUE TO  DUE TO  ALT  CO ALT	PAL FAILURE - PERUSCIEROTIC  20A. AUTOPSY? (Yes or N. BOLKS A. INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	OV DISEAS	FINDINGS CONSIDERED USES OF DEATH?  City, give exact location)
hearl failure, asthenia, etc. II means the disingury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, or itse to the above cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY	Sease,  (8) REA  DUE TO  DUE TO  SUTING O THE  FOR WHICH OPERATION  PHACE OF INJURY (e.g., in home, form, foctory, street, on etc.)  21E INJURY OCCURRED  While A1 Not White A1 Work  ded the deceased from the on the on the work.	20A. AUTOPSY? (Yes or N. 1906)  20A. AUTOPSY? (Yes or N. 1906)  21F. HOW DID IN. 1906  21F. HOW DID IN. 1906  19 65 and the view the body ofter death.	PULLIONARY E.  CV DISEAS  ON SERTIFYING CAN  (If in Boltimore  OURY OCCUR?  19 65 to Front in (my) (aur) apin	FINDINGS CONSIDERED USES OF DEATH?

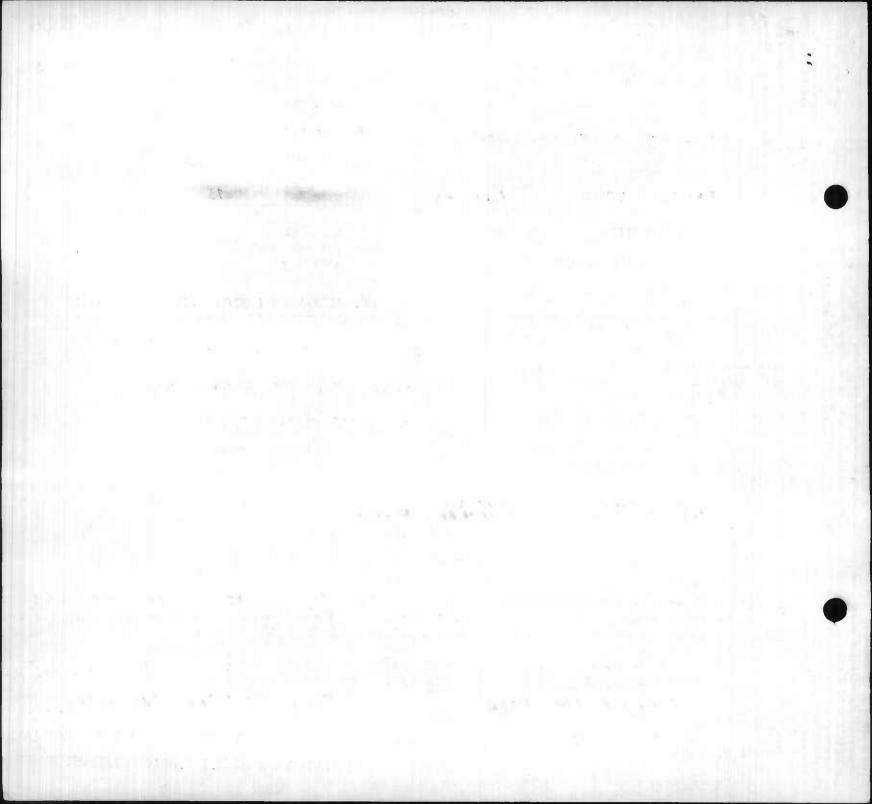
5 MISHKIN ISRAEL 258. NAME OF REGISTRAR Chale & Falley M.A. BURIAL 2/23/65 25A. DATE REC'D BY HEALTH DEPT.

SOUTHERN AVE BALTIMORE MARYLAND

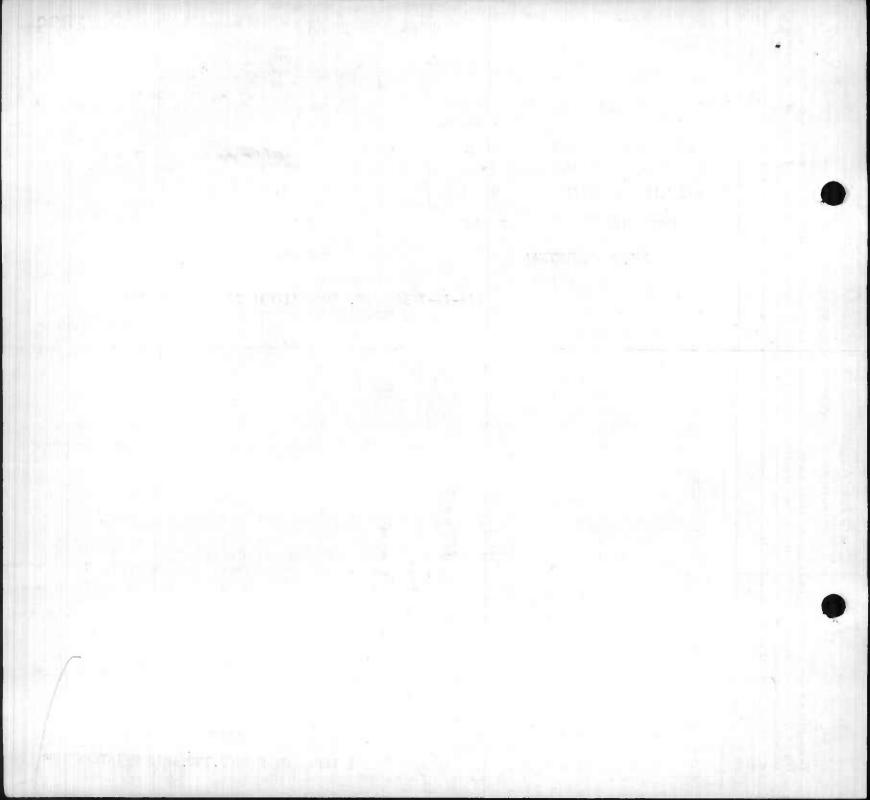
VS 150-REV. 1/1/65

written a

25C. FUNERAL DIRECTOR SOL LEVINSON - & BROS. INC. 6010 REISTERSTOWN RD



	FL 8 176 BALTIMORE CITY	HEALTH DEPARTMENT	05
BIRTH NO. 65 2096	CERTIFICA	TE OF DEATH Registered No.	65 2096
I, NAME OF DECEASED	BALTELL	2. DATE AND HOUR OF DEATH	
	PALTELL	2/21/6	
3. PLACE OF DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where deceased lived. If	The state of the s
FULL NAME OF (If not in hospital	or institution, give street	BALTIMOLE, MAR.	
HOSPITAL OR oddress or locatio	n)	C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
)		D. STREET ADDRESS (If rurol, give location)	
SINAI HOSI	PITAL 27	D. STREET ADDRESS (II rural, give location) SPRINGHILL ACE.	#15
EMALE W HITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  MARRIED	8. DATE OF BIRTH  5/22/1900  9. AGE (In years lost birthday)  64	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min,
10A, USUAL OCCUPATION (Give kind of word done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (State or foreign country) OHIO	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME A	
JOSEPH ROSENT	HAL	RAE DORF	
5. Was Deceased Ever in U. S. Armed Fo		17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dot	213-18-7636	MR. SOL PALTELL 2700 SPR	INGHILL AVE
18.		F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY	Museartial In	las ations
(This does not mean the mode of	dying, e.g., DUE TO	ute Myseardial In	)
heart failure, asthenia, etc. It means	me disease,		
ANTECEDENT CAUSES	A	5CVD	
	DUE TO		
DISEASES OR CONDITIONS, if			The state of the state of
UNDERLYING CONDITION Iosi.	-		
OTHER SIGNIFICANT CONDITIONS ( TO THE DEATH BUT NOT REL	ATED TO THE		
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, o	in a about 21 C. WHERE DID (If in Baltima	ore City, give exact location)
DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi		
22 1		2/7 1965 10	EEB 2/ 1965
22. I certify that (1) (this hospito	. /		
that (1) (we) lost saw the deceas	ed olive on	and that in (my) (our) of	pinion deoth occurred an the do
	oted above. (I) (We) (did) (dld not)	view the body after death.	
Derar do M 2	fil by M.D. AH	ending Med. Sloff Phys. A	2 /2 / 6 5
23 C. PHYSICIAN'S		23D. ADDRESS	1-1-
GERARDE	om. YPIL JR.O.		0.15, MD
BURIAL CREMATION, 24B. DATE 2/23/6:	24C. NAME of CEMETERY or CR		City, town, or county) (Stote)
BURIAL 2/23/6:	SODOVA 1	HERRING RUN BALTIMORE 25C. FUNERAL DIRECTOR	MARY LAND ADDRESS
FEB 25 1965 (	Robert E. Farberth	SOL LEVINSON & BROS. INC.	6010 REISTERSTOWN R
VS 150-REV. 1/1/65			OHO



Also, if the direct or contributing cause of death e of any kind; (4) Undetermined cause; (5) Deceased

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind;

the body was released to the hospital by a medical examiner.

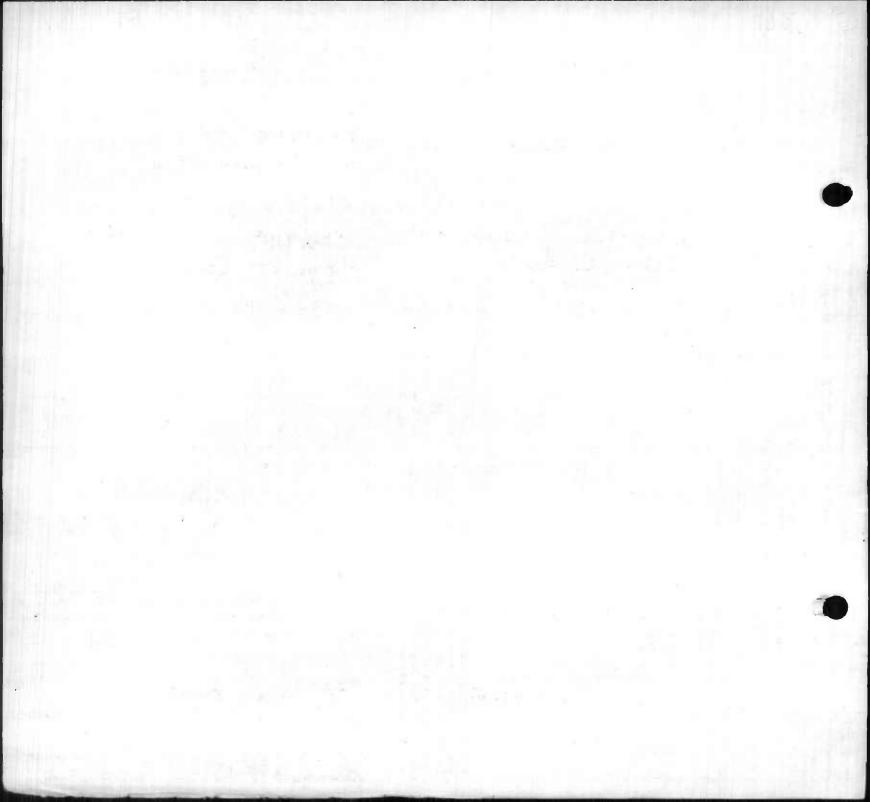
occurred in a hospital and

BIRTH NO		BALTIMORE CIT	Y HEALTH DEPARTMENT		65 00
M.E. CASE NO.	65 2097	CERTIFICA	ATE OF DEATH	Registered No.	65 20:
I, NAME OF DECI	EASED	A		NO HOUR OF DEATH	
(Type or Print)	EROY L (	Carter	4. USUAL RESIDENCE (Whe	cbruary 23	,1965 1:20
3. PLACE OF DEA	TH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Whe	re deceased libed. If in	stitution: residence before
FULL NAME O	F (If not in hospital or i	nstitution, give street	Maryland		200
HOSPITAL OR	oddress or location)		C. CITY OR TOWN (If ou	tside city limits, write	RURAL ond give township
/	0 6		Bal timore		***************************************
Y	Don seco	iurs Hospital		rural, give location)	1-
5. SEX	6. RACE   7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	150m Str	
AA /		WIDOWED, DIVORCED (specify)	8-21-05	9. AGE (In years lost birthdoy)	Months Doys Hours
IN WELL	IPATION (Give kind of work 10)	R. KIND OF BUSINESS OR INDUSTR		ian country)	12. CITIZEN OF
	vorking life, even if retired)		11	A.	WHAT COUNTRY?
TAI		IndusTRIAL	Maryland	<u> </u>	USA
13. FATHER'S NAM	NE A		14. MOTHER'S MAIDEN NA		
70	an Carte		Margaret	STABO	
15. Was Deceased (Yes, no or unknown	Ever in U. S. Armed Forces'	? 1 6, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	NONE	214-05-3157	PayLina C. CA	eter 2183	S. PAUSON
18. 26	XI	CAUSE	OF DEATH		INTERVAL BET
	E OR CONDITION DIREC	TLY	1 - 6 "	12-16	ONSET AND E
	LEADING TO DEATH	(A) D10	betec acid	0515	
heart failure,	ol mean the made al dy asthenio, etc. Il meons the	e disease	,		
	plicotian which coused de	alh.)	betes melli	105	
	ANTECEDENT CAUSES	DUE TO	accessor II I have been and		
	R CONDITIONS, if any body course cause (A) sto				
	CONDITION last.	Annual and an analysis and			
		TRIBUTING DA			
Z		D TO THE VILL MAD M	ary edema	-	
OTHER SIGNI	FICANT CONDITIONS CON				1
DISEASE OR	OPERATION 198 CONDIT	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE	FINDINGS CONSIDERED
DISEASE OR	CONDITION CAUSING IT.	ON FOR WHICH OPERATION	/	ON 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
DISEASE OR 19A.DATE OF 21A. ACCIDEN	OPERATION CAUSING IT.  OPERATION 178. CONDIT WAS PERFOR	ON FOR WHICH OPERATION MED  218. PLACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
DISEASE OR 19A.DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify	OPERATION CAUSING IT.  OPERATION 19B. CONDIT WAS PERFOR	ON FOR WHICH OPERATION MED  218. PLACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	USES OF DEATH?
DISEASE OR 19A.DATE OF 19A.ACCIDEN OR CONTRIBU DEATH (noify)	OPERATION 198. CONDIT WAS PERFOR TIMES UNDERLYING DAUGE OF medical examiner)	ON FOR WHICH OPERATION MED  21B. PLACE OF INJURY (e.g., home, form, foctory, street,	20 A. AUTOPSY? (Yes or N	(If in Boltimon	USES OF DEATH?
DISEASE OR 19A.DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify)	OPERATION 198. CONDITUDE WAS PERFOR THE CONDITUDE OF THE CONDITUDE OF THE CONDITION OF THE	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Houri 21E. INJURY OCCURRED  While At Not Wh	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimon	USES OF DEATH?
DISEASE OR 19A. DATE OF 19A. DATE OF 19A. DATE OF 19A. DATE OF 19A. DATE 19A	OPERATION 19B. CONDIT WAS PERFOR TIME CAUSE OF medicol examiner)  (Month) (Doy) (Year) (1986)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.,)  Hour)  21E. INJURY OCCURRED  While At Not Wh	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimon	USES OF DEATH?
DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (noify) 21D. TIME OF INJURY (APPROX.) 22. I certify	OPERATION 19B. CONDIT WAS PERFOR TO WAS UNDERLYING CAUSE OF medical examiner)  (Month) (Doy) (Year) (Heart of the Control of t	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Hour 21E, INJURY OCCURRED  While At Not Why Work At Work	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimon	USES OF DEATH?  City, give exact location
DISEASE OR 19A. DATE OF 19A. DATE OF 19A. DATE OF OR CONTRIBU DEATH (noify OF INJURY (APPROX.)  22. I certify that (M) (we)	OPERATION CAUSING IT.  OPERATION 198. CONDIT WAS PERFOR  IT WAS UNDERLYING   ITNG   CAUSE OF medicol exominer)  (Month) (Doy) (Year) (1)  that (M) (this haspital) o lost sow the deceased of	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Houri 21E. INJURY OCCURRED  While A1 Not We Not Work  At	20 A. AUTOPSY? (Yes or N in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?  21 F. HOW DID IN.	(If in Boltimon	USES OF DEATH?  City, give exact location
DISEASE OR 19A. DATE OF 19A. DATE OF 19A. DATE OF OR CONTRIBU DEATH (noify OF INJURY (APPROX.)  22. 1 certify that (M) (we)	OPERATION CAUSING IT.  OPERATION 198. CONDIT WAS PERFOR  IT WAS UNDERLYING   ITING   CAUSE OF medicol exominer)  (Month) (Doy) (Year) (1)  that (M) (this haspital) o lost sow the deceased of	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Hour 21E, INJURY OCCURRED  While At Not Why Work At Work	20 A. AUTOPSY? (Yes or N in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?  21 F. HOW DID IN.	(If in Boltimon	USES OF DEATH?  City, give exact location
DISEASE OR 19A. DATE OF 19A. DATE OF 19A. DATE OF OR CONTRIBU DEATH (noify OF INJURY (APPROX.)  22. I certify that (M) (we) ond hour and 23A. SIGNATU	CONDITION CAUSING IT.  OPERATION 198. CONDIT WAS PERFOR  IT WAS UNDERLYING  IT WAS UNDERLYING  (Month) (Doy) (Year) (1)  that (I) (this haspital) o lost sow the deceased of from the couses stated  RE	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Hour 21E, INJURY OCCURRED  While At Not Why Work  At Work  At Work  Obove. (1) (We) (did) (did not)	20A. AUTOPSY? (Yes or N in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID IN. ile 21F. HOW DID IN. iview the body ofter deoth.	(If in Boltimon  URY OCCUR?  19 65 to 35  nat In (mg) (our) opl	USES OF DEATH?  City, give exact location  Fig. 45
DISEASE OR 19A. DATE OF CONTRIBU DEATH (notify DEATH (notify OF INJURY (APPROX.)  22. I certify that (M) (we) ond hour and 23A. SIGNATU	CONDITION CAUSING IT.  OPERATION 198. CONDIT WAS PERFOR  IT WAS UNDERLYING   IT WAS PERFOR  WAS PERFOR  WAS PERFOR  I from the couse stoted  RE  EMILE TO COME	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Hour 21E, INJURY OCCURRED  While At Not Why Work  At Work  At Work  Obove. (1) (We) (did) (did not)	20 A. AUTOPSY? (Yes or N in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?  21 F. HOW DID IN.  21 F. HOW DID IN.  19 65 ond the view the body ofter deoth.	(If in Boltimon  URY OCCUR?  19 65 to 25  nat In (my) (our) opl	USES OF DEATH?  City, give exact location  Fig. 45
DISEASE OR 19A. DATE OF CONTRIBU DEATH (notify DEATH (notify OF INJURY (APPROX.)  22. I certify that (M) (we) ond hour and 23A. SIGNATU	CONDITION CAUSING IT.  OPERATION 198. CONDIT WAS PERFOR  IT WAS UNDERLYING   IT WAS PERFOR  WAS PERFOR  WAS PERFOR  I from the couse stoted  RE  EMILE TO COME	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Houri 21E. INJURY OCCURRED  While At Not Who At Work  At Work  Obove. (1) (We) (did) (did not)	20 A. AUTOPSY? (Yes or N in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?  21 F. HOW DID IN.  19 65 ond the view the body ofter deoth.  Itending Med. Director 22 D. ADDRESS	(If in Boltimon  URY OCCUR?  19 65 to 35  nat In (mg) (our) opl	USES OF DEATH?  City, give exact location  Fig. 45
DISEASE OR 19A.DATE OF 19A.DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (noify DEATH (noify OF INJURY (APPROX.) 22. I certify that (X) (we) ond hour and 23A. SIGNATU 23C. PHYSICIA NAME (F)	CONDITION CAUSING IT.  OPERATION 198. CONDIT WAS PERFOR  IT WAS UNDERLYING   IT WAS PERFOR  WAS PERFOR WAS PERFOR IT WAS PERFOR IT WAS CONDITION IN THE CONTROL IT WAS UNDERLYING   IT WAS PERFOR IT	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Hour)  21E. INJURY OCCURRED  While A1 Not Who At Work  Attended the deceased from obove. (1) (We) (did) (did not)  APAGIR, M.D. At Ph	20 A. AUTOPSY? (Yes or N in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?  21 F. HOW DID IN. ile 21 F. HOW DID IN. ile 21 F. HOW DID IN. ile 22 F. M. S.  19 G. Ond the view the body ofter deoth.  tending Med. ys.  23 D. ADDRESS	IN CERTIFYING CA  (If in Boltimon  URY OCCUR?  19 65 to 35  not In (my) (our) opl  Stott Phys. 4	USES OF DEATH?  City, give exact location  Fig. 45  nion death occurred o
DISEASE OR 19A.DATE OF 19A.DATE 19A.DAT	CONDITION CAUSING IT.  OPERATION 198. CONDIT WAS PERFOR  IT WAS UNDERLYING  CAUSE OF medicol exominer)  (Month) (Doy) (Year) (Figure 1988)  that (N (this haspital) or lost sow the deceased of from the couses stated  RE  CENTE R. CI WATION, 1248. DATE	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Houri 21E. INJURY OCCURRED  While At Not Who At Work  At Work  Obove. (1) (We) (did) (did not)	20 A. AUTOPSY? (Yes or N in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?  21 F. HOW DID IN.  21 F. HOW DID IN.  19 65 ond the view the body ofter deoth.  12 J.	IN CERTIFYING CA  (If in Boltimon  URY OCCUR?  19 65 to 35  not In (my) (our) opl  Stott Phys. 4	USES OF DEATH?  City, give exact location  Fib. 65  nion death occurred o  23B. DATE SIGNED  23Fcb. 65  ty, town, or county)

NICENTE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) BUPIAL 2-26-65 Loydon PA.

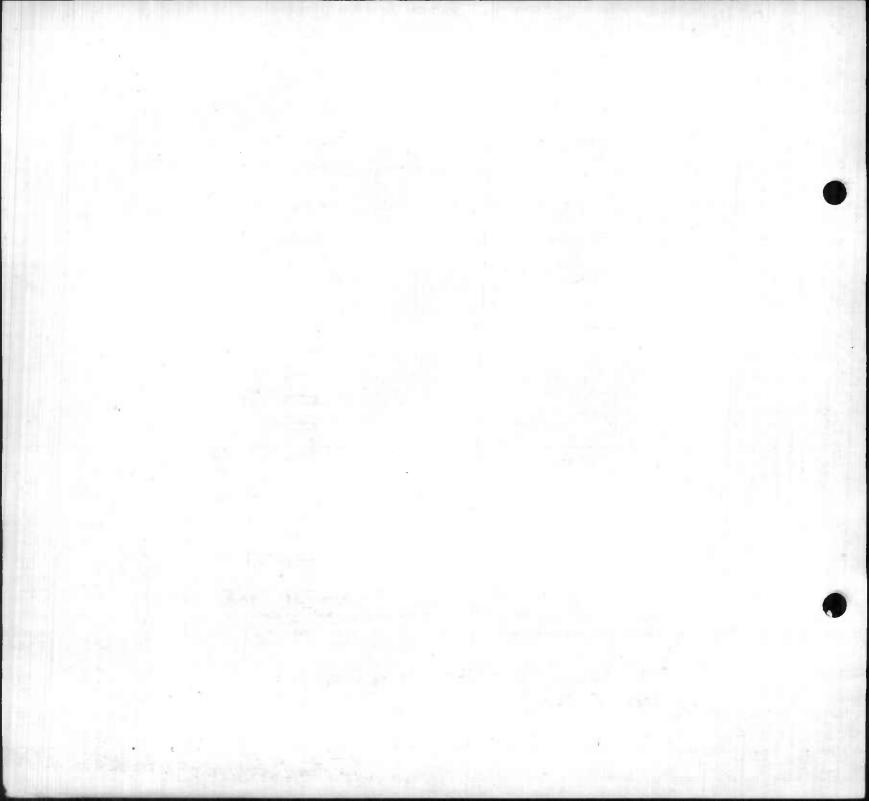
25A. DATE REC'D BY HEALTH DEPT.

FEB 25 1965 Repub E. Farley M.A. Horadoress Andrick are BALTIMORE 250. FUNERAL BIRESTORAL MUNERAL TARK VS 150-REV. 1/1/65



			.1	
1	1	1	)	
01	-	5	1	
-	0	Ē	ū	
0 0	0	+	Su	
= 0	9	2		
+ +	0	0	4	
0	0	9	0	
0 0	5	Ē	9	
ب ي	):	9		
0 0	0	-	0	11
= =	5	10	-	7
B	00	=	0	-
₽. <u>=</u>	70		-	6
1 3	0	8		O
3.5	-=	3	Pa	n
20 4	E	9	35	10
0 0	0	F	0	.=
ŧ,	0	=	90	5
0 0	9	-	O	=
0 -	5	SD	0	Si
40	7	3	千	b
1.1	7	_	Ξ	S.
= 0	ö	丰	6	0
+ 0	Ĕ	0	0	0
- S - F	¥	Ö	V	3.
15	>	70	8	+
0	2	0	D	0
-E 0	f	Ĕ	6	7
1 5	0	2	=	9
0 4	9	Ĕ	0	F
9 :	2	0	-	0
E 9	0	0	=	ם
E :=	F	0	5	9
B E	4	£	0	0
XX	-	3		9
_ 0	3	=	Ξ.	5
2 =		.0	S	=
÷ 5	Ë		2	9
0 0	5	7	>	10
E	٩	누	E .	-
9	T			Je
E 8	Ö	he	. 2	=
~ >	80	+	>	9
ē	2	9	0	2
+ 5	):	0	0	0
2.5	0	7	Z	7
S	2	-	3	0
9 6	0	d	0	=
0 0	=	0	P	ta
74	5	X	5	d
90	0	ت		0
9 +	of	8	至	Ď
a b	+	.=	at	st
15	9	SP	0	2
2 0	P	40	0	F
E	22	-	10	0
0 -	0	+	20	>
as	5	0	T.	STC
. ≥ 3	4	4	0	PF
= >	3	3	D	0
Po	**	2.0	Se	-
0 0	3	-	00	116
- 2	0	OS	26	ī
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	HEALTH DEPARTMENT				
	H NO. 65 2098	CERTIFICA	TE OF DEATH Registe	ered No. 65 2098			
1. N	AME OF DECEASED OF Print GRAF VOLA		2. DATE AND HOUR OF	2-22+65			
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND			lived. If institution: rasidenca befare admissi			
F	ULL NAME OF (II not in hospital ar instituti	ion, give street	MD BAL	TO. 13-07			
- 10	OSPITAL OR oddrass or location) NSTITUTION		C. CITY OR TOWN (If autside city lim	its, write RURAL and give tawnship)			
1/1	YOSPITAL FOR WOME	NOJ	BALTOC				
	MARY LAND.		10 14 W. 38 to				
S. S		HED, NEVER MARRIED (Specify)	B. DATE OF BIRTH  1/16/1890  9. AGE (In lost birthdoy)				
	USUAL OCCUPATION (Give kind of work 108, KINE		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF			
done	during most of working life, even if retired)		Massis	WHAT COUNTRY?			
13 (	HOUSEWIFE FATHERS NAME		MARY LAND  14. MOTHER'S MAIDEN NAME	U. J. 17.			
	L. Passel	5 2 2 2 2 2 2 2 2	7				
16 .	JOHN BARTON	ORINGTON	DOOKER				
(Yes	Was Deceased Ever in U. S. Armed Forces? , no or unknown) (If yas, giva war ar dates of sarvi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
			VOLA GRAF				
	18. 2/ 2 9 91	CAUSE O		INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY	1	i · · · · · · ·	ONSET AND DEATH			
	LEADING TO DEATH	(A) Uar	diogenio shock				
	(This does not meon the made of dying, e.g., heart foilure, osthenio, etc. It meons the disease,						
	injury or complication which coused death.)	9 1	D. Minca	0.1/2 - 20			
	ANTECEDENT CAUSES	(B) (V)	cusino o rigo carac	at sumage.			
	DISEASES OR CONDITIONS, if ony, give	vina DUE 10	Oux	0			
	rise to the obove couse (A) sloting		OPA				
	UNDERLYING CONDITION lost.	•					
z	II CONTRACT	TIMO					
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	THE					
CATI	DISEASE OF CONDITION CAUSING IT.	OR WHICH OPERATION	I20A AUTOROXA (V N-II 200 to III	TO MERCE SIMPLINOS CONTROL TO THE			
CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OK WHICH OPERATION	20A. AUTOPSY? (Yes at Not 20B, IF YE	ES, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?			
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, larm, factory, street, of	ar about 21 C. WHERE DID (It is fice bldg., INJURY OCCUR?	n Baltimare City, giva exoct location)			
CAL	DEATH (natify madical axaminer)	elc.)					
	21 D. TIME (Month) (Day) (Yaar) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCU	R?			
2	OF INJURY (APPROX.)	While At Nat While					
		Wark Al Wark		6			
	22. I certify that (I) (this hospital) attended		· · · · · · · · · · · · · · · · · · ·	FEBRUARY 22 196			
	that (1) (we) lost saw the deceased alive	on FEBRUARY 2	22 19 16-5 and that In(my)	(our) apinion death accurred on the			
	and hour and from the causes stated above	e. (1) (We) (did) (did not) v					
	23A. SIGNATURE			23B. DATE SIGNED			
	Lounds f. 1.	Alotalo M.D. Atto	miding Med. Stoff Phys.	2-28-65			
	23 C. PHYSICIAN'S	ALL VIVE	S. Director Phys.	1			
	NAME (Typo)	and the second	(1) miles	History			
	LOURDES F. TABOTA	BO. M.D.	oo o o o o	a grown			
24A	REMOVAL (Spacify) 24B. DATE 240	C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION	(State			
	Burial 2/25/65	Druid Ridge	D4 100	11. Ma			
2SA		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
	FFB 2.5 1965 12 0	BE Salke MA	Theaten to home	(M)-3818 ROLAND AV			
VC	150-REV. 1/1/65	79 -	Transan Cilroller	00,000			
3 1	130-KE V. 1/1/03						



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

25

VS 150-REV. 1/1/65

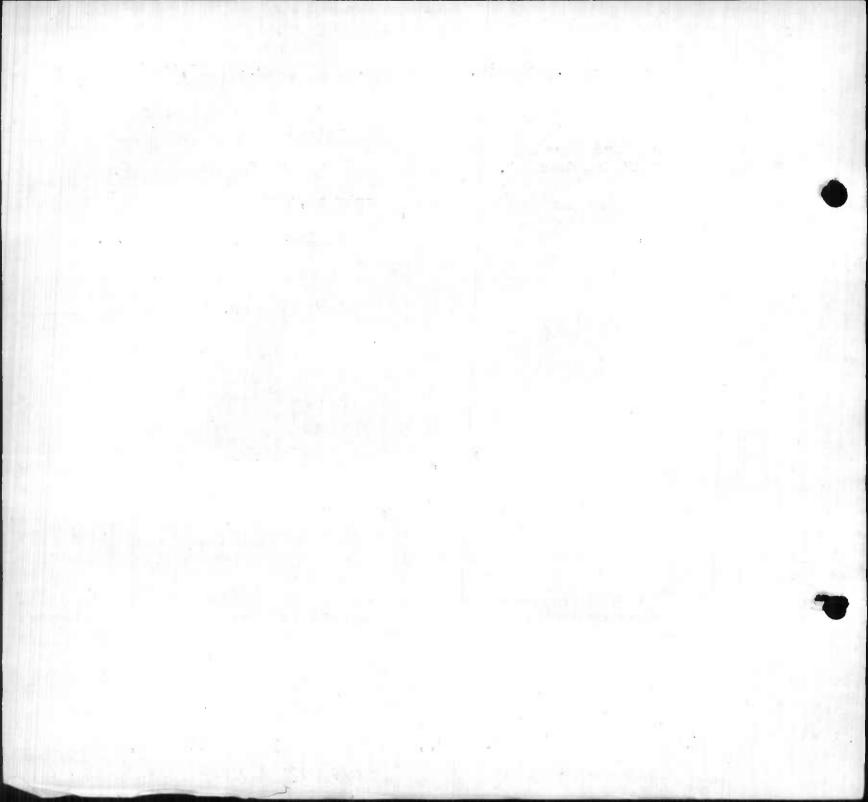
1965

Such

a hospital and

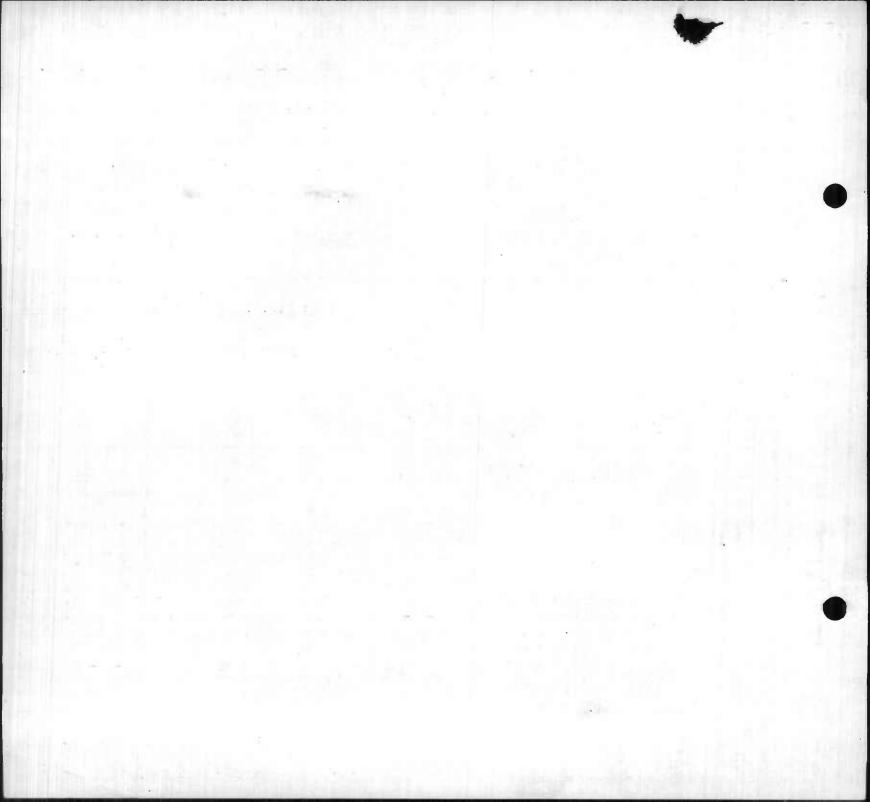
		BALTIMORE CIT	Y HEALTH DEPARTMENT	65 200
M.E. CASE NO.	5 2099	CERTIFICA	ATE OF DEATH Registered	Vo. 00 1200
I. NAME OF DEC	EASED		2. DATE AND HOUR OF DEA	ATH 0 15
(Type or Print)	Cora V.	Johnson.	February 23	1965 1 9 -
3. PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived.	If institution; residence before
				12-07
FULL NAME O	oddress at location	ar institution, give street	C. CITY OR TOWN (If outside city limits, w	rite RURAL and aive township
INSTITUTION				and the same same same same same same same sam
Cm	awford Nurs	ing Home	D. STREET ADDRESS (If rurel, give location	)
			3744 Hickory Ave	
S. SEX	117 Dennisc	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., It Un
		WIDOWED, DIVORCED (specity)	(lost birthday)	Months Days Hours
Female	White	Widow kiob, kind of business or industr	July 15, 1876 88	100
	working life, even it retired)	RIOS. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or fareign country)	12. CITIZEN OF WHAT COUNTRY?
Mone			Manuland	TT C
None	ME		Maryland 14. MOTHERS MAIDEN NAME	U+3+
TT 7				
	rown	rces? 16. SOCIAL	Unknown	ADDRESS
(Yes, na ar unknown	Ever in U. S. Armed Fo	es of service) SECURITY NO.	III VAITAIT	200,533
			Roland Johnson, 3711	Hickory Ave
18. life 5	0.01-15	CAUSE	OF DEATH	INTERVAL BET
DISEA	SE OR CONDITION DI	RECTLY	t 1 + 1 la	oldset AND
	LEADING TO DEATH	IA) CL	remosclyple vely	o da
	nat mean the made at asthenia, etc. II means		Paso. E milaradial in	ent-
	nplication which caused		Edienes	
	ANTECEDENT CAUSES	(B)		
DISEASES (	OR CONDITIONS, if	400	ledo e l'inco	7 MAR
	e abave cause (A)	stating the (C)	young marigna	ney 1 100.
UNDERLYIN	G CONDITION last.	el	ealogy unknown.	
Z	II	CONTRIBUTING	/ '	
≧ TO THE D	FICANT CONDITIONS (	ATED TO THE .		
DISEASE OR	CONDITION CAUSING	IT. NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Noll 20R IF YES W	FRE FINDINGS CONSIDERED
19A. DATE OF		FORMED	20A. AUTOPSY? (Yes at No.) 208. IF YES, WIN CERTIFYING	CAUSES OF DEATH?
13 21 A ACCIDE	NT WAS UNDERLYING	218, PLACE OF INJURY (e.g.	in ar about 21C. WHERE DID (If in Balt	imore City, give exact lacation
OR CONTRIB	UTING CAUSE OF	hame, tarm, tactary, street,	office bldg., INJURY OCCUR?	
0				
OF INJURY	(Manth) (Day) (Year)		21F. HOW DID INJURY OCCUR?	
(APPROX)		While AI Not What Wark At War		,
22. I certify	that (1) (this hasnita	1) attended the deceased fram	6/29 1964 to	2/23
	last saw the deceas	2122		
				opinion again occurred o
		ted above. (I) (We) (did) (did not)	view the bady after deoth.	
23A. SIONATU	1 1/1	Dil		23B. DATE SIGNED
KA	Illn4H		Med. Staff Phys.	2/24/1
23 C. PHYSICIA	N'S	7 1	23D. ADDRESS	1 1
Phame	ort A	Reiter M.	60h Edmondsen	110 - 28
24A. BURIAL CRE	MATION, 24B. DATE	24C. NAME of CEMETERY of C	000	(City, lawn, or county)
REMOVAL	Specify)	and the of Children of C	240. EOCAHON	tony, idwin, or county)
Burial	. 2/26/	65 St. Mary's Ham	noden 3900 Rolan	d.Ave.Balto.I
2SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
1	FFB 2.5 1965	Plub E. Jaken Hill	Mentin & Dommar	1/3818 Alfan

M.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

5	1 1				BALTIM	ORE CITY	HEALTH [	PEPARTMENT				
Br.	6	5 21	100		CERT	IFICA	TE OF	DEATH	Registered No.	65	2100	
	AME OF DEC	EASED						2. DATE A	ND HOUR OF DEATH			
(Тур	oe or Print)	L	illie L	Wrig	ht			2-22-	-65		7:35 A. M.	
3. F	LACE OF DEA		MORE, MARYL				4. USUAL A. STATE		ere deceased lived. If	institution; resid	ence before odmission)	
										V	201-	
ŀ	OSPITAL OR		in hospital or i s or location)	institution,	give street		C. CITY O	rland, Ba	Ltimore utside city limits, write	RURAL and gi	ve township)	
1	NSTITUTION	Bal	timore (	City H	ospitals		Rur	2		53	-00	
		494	O Easter	rn Ave			D. STREET		rurol, give location)			
		Bal	timore,	Maryl	and #21	224	Bear	ver Dam Re	oad , Cocke	vsville.	Maryland	
5. S	EX	6. RACE	7.		NEVER MARRI		8. DATE O		9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.	
F	emale	Negr	0		idowed	specity)	Mari	17-1900	lost birthdoy)	Monins Do	ys mous win.	
10A	USUAL OCC	JPATION (Give	kind of work 10	B, KIND OF	BUSINESS OR	INDUSTRY		ACE (Stote or lore		12. CITIZEN	OF	
don	Housev		en if retired)	TTom			20	2 2			COUNTRY?	
13.	FATHER'S NAM			Hom	е			yland Ers MAIDEN NA	AAF	0.	S. A.	
	Elie Sv						Rebe					
15. (Ye:	Wos Deceased s, no or unknown	Ever in U. S. (II yes, give	Armed Forces wor or dotes	? of service)	1 6. SOCIAL SECURITY	Nď.	17. INFORA	AANT		AD	DDRESS	
	No				None		RECO	RDS: B.C.	H. 4940 Eas	tern Ave	nue #21224	
	(This does r heart failure, injury or con	LEADING T not meon the osthenio, etc	mode of dy c. It means th ich coused de	CAUSE O  DIRECTLY ATH  of dying, e.g., but To  eons the disease, used death.)  Hur				racerebral Hemorrhage pertension			interval Between onset and death 3-4 Hours 1 yr history of previous ones.	
			IONS, if on									
	rise to the obove couse (A) stating the (C)UNDERLYING CONDITION lost.											
				_								
CERTIFICATION	TO THE D	other significant conditions Contributing to the Death but not related to the disease or condition causing it.  Aspiration					n Pneumonia			3	3 Hours	
SIC	19A. DATE OF		198. CONDIT		WHICH OPERAT	ION	20 A. AL	JTOPSY? (Yes or N		FINDINGS CO	NSIDERED	
RTI	2		WAS PERFO	(WED				Yes	IN CERTIFYING C.	Yes	Vin:	
EDICAL CE	21A. ACCIDE OR CONTRIBU DEATH (notify	JTING CAL	USE OF	218 hon etc.	e, lorm, loctory	URY (e.g., in , street, of	or obout 2 fice bldg., II	C. WHERE DID	(If in Boltima	re City, give e	xoct (acation)	
EDI	21 D. TIME	(Month) (D	loy) (Yeor) (	Hour) 21E	INJURY OCC	JRRED	2	F. HOW DID IN	JURY OCCUR?			
Σ	OF INJURY (APPROX.)				ile At	Not While						
	00 1 1	.1 (1) / .1 .		Wo	1-1/ 65 2					2-22-	10 65	
					he deceased	-						
	that (I) (we)	last saw th	ne deceased	alive an		22-	19	92 and t	hat in (my) (aur) ap	inian death o	accurred on the date	
		and haur and from the causes stated above. (1) (We) (did) (did nat)						dy after death.				
	23A. SIGNATU	JRE O	11 /	0	1				E	23B. DATE S		
		- 1	1.	wo	up	M.D. Atte	nding	Med. Director	Stoff Phys.	2-2	22-65	
	23C. PHYSICIA NAME (1	N'S	/			1	23D. ADDRE	SS				
			. Robert	Cook	e	M.D.	1.0	40 Easter	n Avenue	#21224		
24/	BURIAL CRE	MATION, 24	B. DATE		AME of CEMET	ERY or CRE				City, town, or co	ounty) (Stole)	
	Buria		2/26/65	Do	ail Com	0+0			leon and 11 -	Delt-	Co ar N	
254	DUL' La		, ,		Sil Cem	etery		UOC.	<u>keysville</u>	, Balto	ADDRESS	
		ED OF	1005	0. 8	E tal	M.M.		Chatman		Machi	lloh St.	
vs	150-REV. 1/1/	ED 40	וש טיינו	マベングンイ	-1 4m-A	3	A. • T •	Oria omali	1 .2	I MICCUL	.1011 00.	
	1 www - 15 to 17 17						- 4		1 1 6	201 N 61	1 W 1 1 2	



## IMPORTAN FUNERAL DIRECTOR:

and

hospital

of deat (5) Decease

COUSE

LO

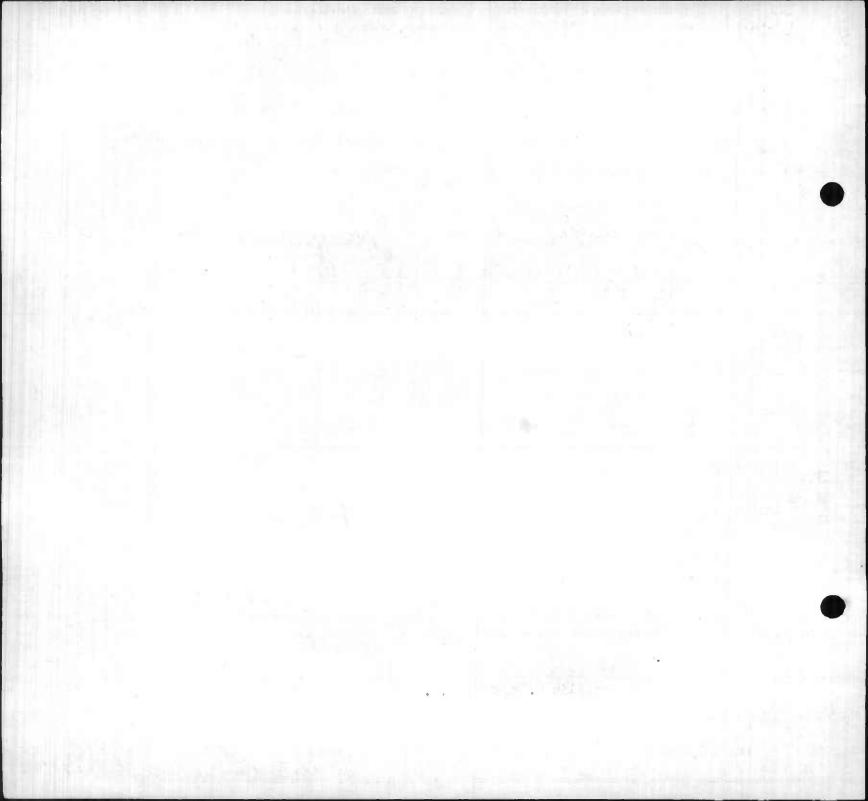
ance

eath.

0

cause; attend prior contributing (4) Undetermined regular mad eceased death disposition = Ö Was the eath uo final attendance any OF pronounce A SO, of embalmed fracture the chief medical examiner regular who are 4 <u>e</u> an before the remains physician was physic (2) Body to the hospital by ere °Z any nature; ¥ ¾ obtained 9 approved (except and eath) An accident of a hospital the body was released must ŏ 10 deceased prior to written approval t o 0.0 shows: MOS

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARY MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) UNIVERSITY OF MD. HOSPITAL D. STREET ADDRESS (If rurol, give location) 296 RTE. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours WIDOWED, DIVORCED (specify) lost birthdov WIDONED IGA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHERS NAME 15. Was Decaded Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) ADDRESS 6. SOCIAL SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obot 121 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examine) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work 22. 1 certify that (1) (this hospital) attended the deceased fram...... ...19 that (i) (we) last saw the deceased ofive an..... ond that in(my) (aur) apinian deoth accurred on the dote and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A, SIGNATURE 23B, DATE SIGNED Attending Med. M.D. Director 23C. PHYSICIAN'S 23D. ADDRESS Franklin M. Preiser M.D. NAME (Type) M.D. UNIVERSITY ERANICLIN M. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) VS 150-REV. 1/1/65



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attedeceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

death was in regular attendance on the

to death. Such

	•		BALTIMORE CIT	Y HEALTH DEPARTMENT			
BIRTH NO.	65 2102		CERTIFICA	ATE OF DEATH	Registered No.	65 2102	
I. NAME OF D				2. DATE	AND HOUR OF DEATH		
(Type or Print)	Martin	Quinn			2-24-19	65   1,20 AM	
3. PLACE OF 1	DEATH IN BALTIMORE, MA			A. STATE B. CO	Where deceased lived, If i		
FULL NAME	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)			Maryland Baltimore			
INSTITUTION			itale			RURAL ond give township)	
	4940 Eastern	-	LUGIS	Dundalk D. STREET ADDRESS	(If rurol, give location)	Rural 6	
			7777				
6 0 000	Baltimore, Mar				Road, 21222		
Male	White		D, NEVER MARRIED  D, DIVORCED (specify)	5-7-1896	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	CCUPATION (Give kind of wor	10B. KIND C	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF	
	of working life, even if retired)  • Gaurd, Balto	. City	Jail	Maryland		U.S.A	
13. FATHER'S N				14. MOTHER'S MAIDEN NAME			
	Patrick Quin	m		Sally G	Sally Quinn		
15. Wos Deceo	sed Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT ADDRESS			
No	No No	of servicer	214-40-5979	Records: BCH-A	4940 Eastern .	Avenue,21224	
18.	3 / X I		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISI	EASE OF CONDITION DI	RECTLY	0	Acres Technology	1 17		
	LEADING TO DEATH		(M)	tro Intestinal Hemorrhage		6 hours	
heort foilu	s nat mean the made af tre, osthenia, etc. Il means camplication which caused	the disease					
I III OI Y OI V	ANTECEDENT CAUSES		(B) Cush	nings Ulcer	· · · · · · · · · · · · · · · · · · ·	1 day	
DISEASES							
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost.			te Brain Stem	Hemorrhage	2 days		
E TO THE	GNIFICANT CONDITIONS ( DEATH BUT NOT REL OR CONDITION CAUSING	ATED TO T					
	OF OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	NO NO	No) 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTR	DENT WAS UNDERLYING CAUSE OF Diffy medical exominer	21 ho etc	me, form, foctory, street,	in or about 21 C. WHERE Dt office bldg., INJURY OCCUI	D (If in Boltimo	ro City, give exoct locotion)	
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	w	E INJURY OCCURRED  hile At Not Wh ork At Work	ile 🖂	INJURY OCCUR?		
	ify that (I) (this hospito we) lost sow the decease		0.01	2-22- 19 65 on	19 65 to	2-24- 19 65 Dinion death occurred on the dot	
	ond from the couses sto						
23A. SIGNA						23B. DATE SIGNED	
	Desh	Cerce	M.D. A	Hending Med. Director	Stoff Phys.	2-24-1965	
23C. PHYSIC	CIAN'S E (Type) Dr. Douglas	Carnal	1 M.D	23D. ADDRESS	Aronna Dolas	mana Manyland	
244 9119141 6					Avenue, Balti		
REMOVA	L (Specify)		reland Memori		D. LOCATION (C	City, town, or county) (State)	

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH

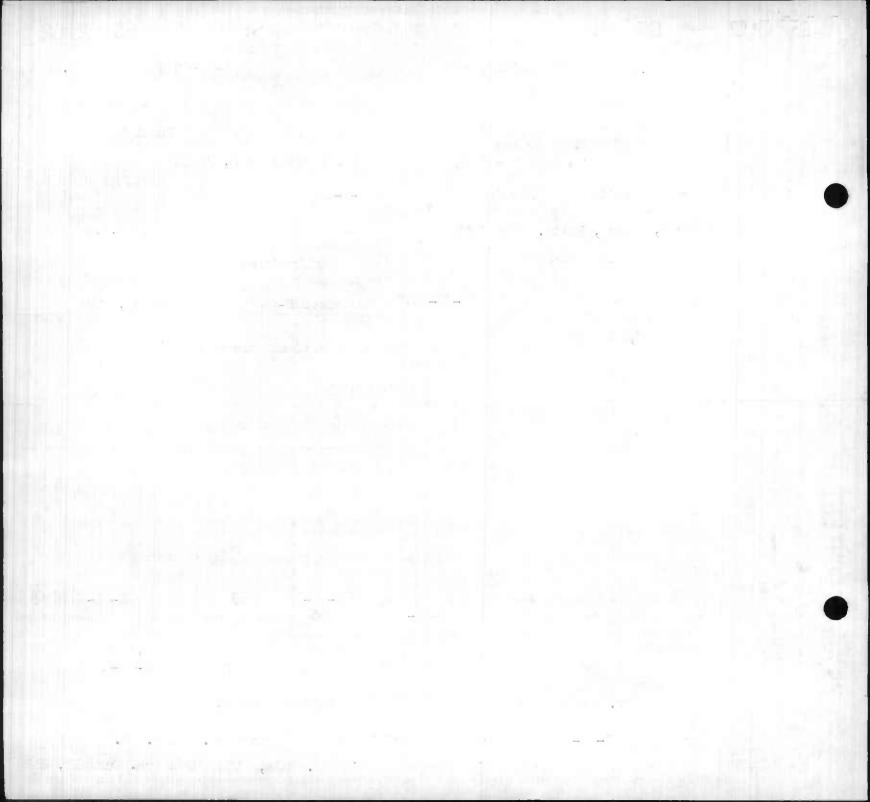
258. NAME OF REGISTRAD 1965

DEPT.

25

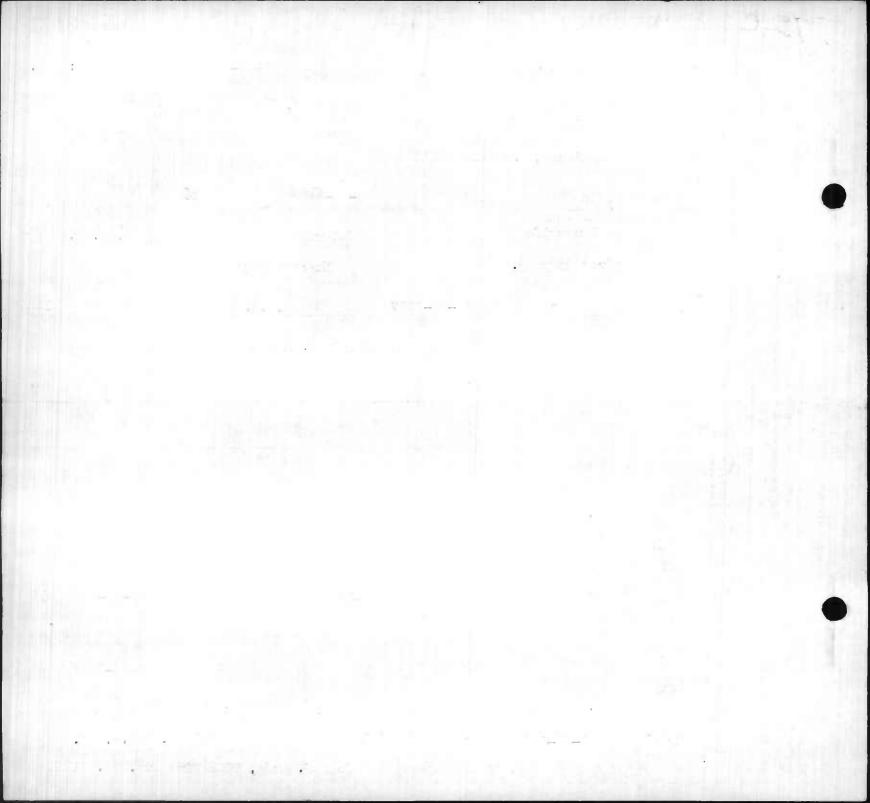
25C. FUNERAL DIRECTOR John J. Duda,

ADDRESS 7922 Wise Ave. Dundalk, 21222



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital after the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are ambalmed or final disnocition is made. IMPORTANT FUNERAL DIRECTOR:

			BALTIMORE CITY	HEALTH DEPARTMENT			
BIRTH NO. 65	2103		CERTIFICA	TE OF DEATH	Registered Na.	65 2103	
M.E. CASE NO.	ASED			2, DATE	AND HOUR OF DEATH	1/10	
(Type or Print)	Rita Ba	les			2-23-65	12+40 A. N	
3. PLACE OF DEAT	PLACE OF DEATH IN BALTIMORE, MARYLAND				horo deceased lived. If i	institution: residence before admission)	
FILL NAME OF	46 ! !					ltimore	
FULL NAME OF HOSPITAL OR	oddress or locati	ion)		Maryland, c. city or town (1)		RURAL ond give township)	
INSTITUTION	Baltimor		Hospitals	Rural 53-00			
1	4940 Eas				(If rurol, give location)	~~~	
	Baltimor	e, Maryl	and #21224	2925 Salisb	ury Avenue		
S. SEX	. RACE		NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. , If Under 24 Hrs. Months: Doys Hours Min.	
Female	White		rried	5-20-11	53.		
OA. USUAL OCCU	ATION (Give kind of we	ork 108, KIND OI		11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
one during most of w	orking life, even if retired Housew						
3. FATHER'S NAM		Tre		Colorado	NAME	U. S. A.	
	Andrew Rod	Tr Cm					
5 W D			114 500141	Theresa :	noay	ADDRESS	
Yes no or unknown)	Iver in U. S. Armed F If yes, give wer or de	orces! otes of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
110	No		219-40-9237	RECORDS: B.C	.H. 4940 Eas	tern Avenue #21224	
18.331	XI		CAUSE O	L		INTERVAL BETWEEN ONSET AND DEATH	
	OR CONDITION D						
	EADING TO DEATI		(A)	rebro Vascular	Accident	3 Days	
	I mean the mode of sthenia, etc. II mean			er.			
injury or comp	njury ar camplication which coused deoth.)						
A	ANTECEDENT CAUSES  (B)  DUE TO			\$			
	CONDITIONS, if						
	obave cause (A CONDITION lost,	) stating the	(C)				
OTHER SIGNIF	CANT CONDITIONS	CONTRIBUTIN	G				
	ATH BUT NOT RE		1E				
19A. DATE OF			WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
19A. DATE OF	WAS PERFORMED			No			
OR CONTRIBUT	T WAS UNDERLYING	hon	ne, lorm, foctory, stroet, ol	fice bldg., INJURY OCCUR	(If in Boltimo	ore City, give exect location)	
DEATH (notify	medical examiner	otc.	J				
21D. TIME OF INJURY	(Month) (Doy) (Yeo		INJURY OCCURRED		INJURY OCCUR?		
(APPROX.)		Wi	nile At Not While At Work	e 🗌			
22 Logatify t	hat (I) (this haspit			2-19	19 65 to	2-23- 19 65	
	ast saw the decea				*hat in/mil /air	Inlan death accurred an the date	
						minum dearn accurred an the dar	
		ated above. (	1) (We) (did) (did not) v	lew the bady after deat	h.	23B, DATE SIGNED	
23A. SIGNATUR	an	10%	M.D. Atte	ending Med.	Stoff -		
	-/-	cas	Phy	s. Director	Stoff Phys.	2-23-65	
23C. PHYSICIAN	rs po)			23D. ADDRESS			
	Dr. Rob	ert Cook	e M.D.	4940 East	tern Avenue	#21224	
24A. BURIAL CREM	ATION, 24B DATE		AME of CEMETERY or CRI	MATORY 24D	LOCATION (	City, town, or county) (State)	
Burial	Feb-26	7064	Gardens of Fai	th	rumos Mill Ra	d. Balto. Md.	
25A. DATE REC'D		258. NAME	OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS	
F	EB 25 1965	02.0. Fr	E. Farley M.A			e Ave. Md. 21222	
VS 150-REV, 1/1/6		AMANA		1	7		



65 BIRTH NO.	2104 MED	BALTIMORE CITY HEA	CERTIFICATE OF DEATH Registered	65 2104	
M.E. CASE NO	•				
1. NAME OF E	DECEASED		2. DATE AND HOUR PRONOUNCED D		
		AMUEL E, NOAKES	2-22-65	8:15 A. M.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY Maryland		
HOSPITAL OR	ADDRESS OR LOC	ATION)	C. CITY OR TOWN (If outside corporate limits, write RUI Baltimore	(AL one give lownship)	
	UNIVERSITY HO	OSPITAL - DOA	D. STREET ADDRESS (If rurol, give location)		
			1613 Harlem Avenue 21217		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If	Under 1 Yr. If Under 24 Hrs.	
Male	Colored	MARRIED.	6-25-1901 63	on this Doys Hours Min.	
	CCUPATION (Give kind of wor of working life, even if refired) - (1 feur	True LING	RY 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?	
13. FATHER'S N			14. MOTHER'S MAIDEN NAME		
SAM	yel NOAI	(es	Priscila Nonkes		
	WIN (If yes, give wor or dot		17. INFORMANT AD	DRESS	
No			Kebreca Nonkes 416 N.	Pulpski of	
18.	8/6/	CAUS	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH	
DISI	EASE OR CONDITION D				
(This doe			nsive traumatic injuries		
injury or	s not mean the mode of ure, osthenio, etc. It mean complication which coused	deoth.) (Rup	tured heart)		
	ANTECENDENT CAUS				
RISE TO	S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S YING CONDITION LAST.	STATING THE			
		(C)			
U TO THE	II SIGNIFICANT CONDITIONS E DEATH BUT NOT RE	LATED TO THE	Coronary thrombosis		
DISEASE	OR CONDITION CAUSIN	G IT	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDIN	GC CONSIDERED	
0 7	WAS PE	RFORMED	Yes IN CERTIFYING CAUSES OF Yes	OF DEATH?	
☐ UTING □ C	GAUSE WAS GOOR CONTRIB- AUSE OF DEATH.	218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  Expressway	office bldg, INJURY OCCUE? 494' So. of Ann Baltimore & Washington I		
21D TIME OF INJURY	(Month) (Doy) (Yes	/ * 4111	21 F. HOW DID INJURY OCCUR?		
(APPROX.)	1 22 '6		WORK Driver - Auto-auto col	lision	
	ertify that I held an		and that an this basis, death In my a	pinian	
res	sulted fram: Natural co	ouses Accident X Suici			
ACTU	IAL MA	01 88/1	CHIEF MEDICAL EXAMINER X	DATE SIGNED	
SIGN	ATURE / WILL	( Ofriball M.	D. ASSISTANT MEDICAL EXAMINER	2-22-65	
	RUSSEL	L S. FISHER, M.D.	ASSOCIATE MEDICAL EXAMINER	2 22-03	

23C. NAME OF CEMETERY OF CREMATORY

VS 151-REV. 1/1/65

23A, BURIAL CREMATION, 23B DATE REMOVAL (Specify)

BuliaL 2-27-24A. DATE REC'D BY HEALTH DEPT.

MortontDyett

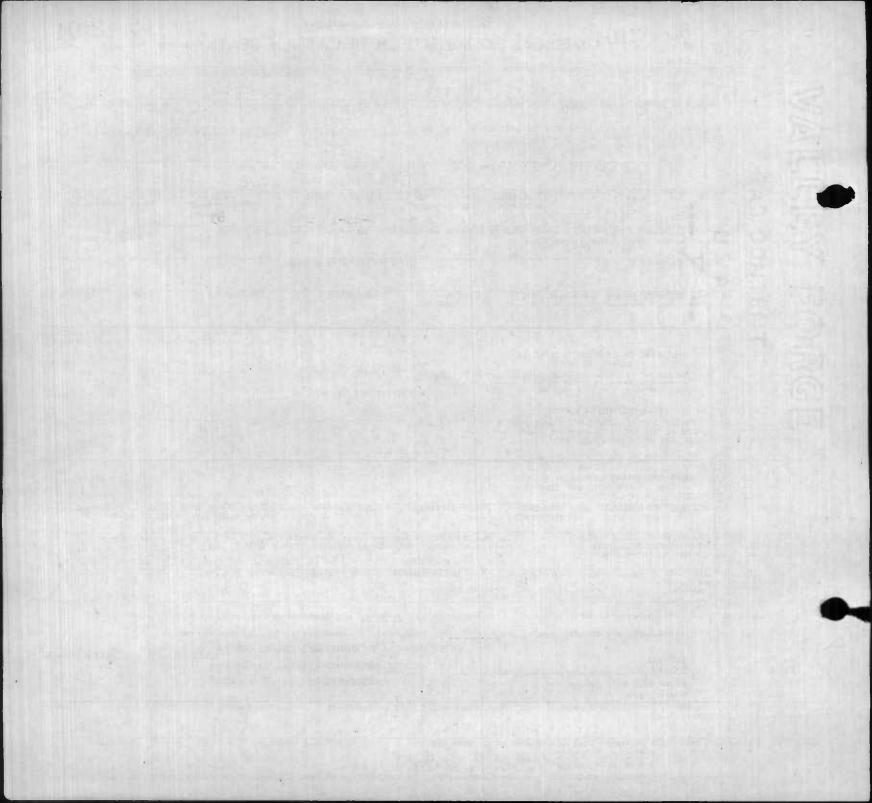
Mam PK W

23D. LOCATION

ADDRESS

(Stote)

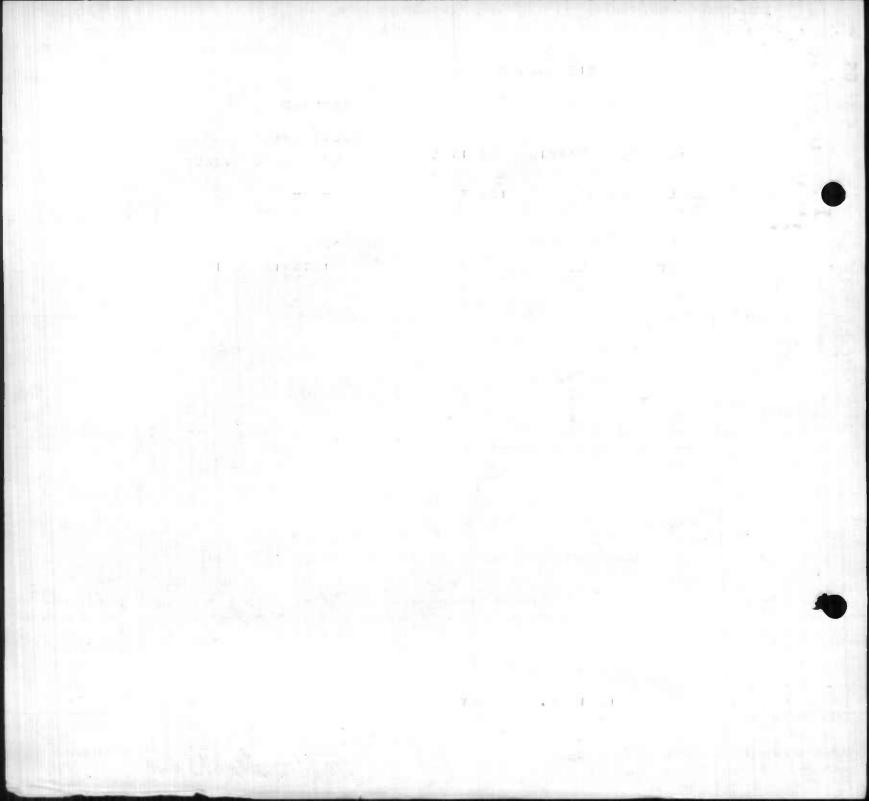
(City, town, or county)



BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH Viola (Type or Print) OCIE WALKER

3. PLACE OF OEATH IN BALTIMORE, MARYLAND 65 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before odmission) B. COUNTY MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL prior THE JOHNS HOPKINS HOSPITAL 2711 OSWEGO AVENUE ular 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX B. OATE OF BIRTH It Under 1 Yr. If Un Months Ooys Hours If Under 24 Hrs. Hours i Min. deceased WIDOWED, DIVORCED (specify) FEMALE NEGRO 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) 2 13. FATHER'S NAME Was 14. MOTHER'S MAIDEN NAME the (4) ENOCH CAMPBELL VICTORIA BENIE eath LO 15. Was Deceased Ever in U. S. Armed Forces 7. INFORMAN ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance 59 me any CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH fracture (This does not meon the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, regular injury or camplication which caused death,) way (B) ANTECEDENT CAUSES who DUE TO are DISEASES OR CONDITIONS, if any, giving 3 to the obove cause (A) stoting the physician the remains UNDERLYING CONDITION last. chief medical medical FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. physician 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No! 20B, IF YES, WERE FINDINGS CONSIDERED 8 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ū 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? the (7) where (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF to the hospital MEDICAL å DEATH (notify medical examiner) nature; obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While [ (APPROX.) and Work At Work any 22. I certify that (1) (this hospital) ottended the deceased fram that (1) (we) last saw the deceased alive on and that in (my) (aur) apinion death accurred on the date of eath) hospital and haur and fram the causes stated abave. (1)((We)) (did) (did nat) view the bady after death. was released must accident 23A. SIGNATURE 23 B. DATE SIGNED Ö Attending Stoff 10 6) approval Directo 0 23C. PHYSICIAN'S 23D. ADDRESS prior 40 NAME (Type) An WILLIS 4 24A. BURIAL CREMATION, 24B. DATE eceased (Stote o the body REMOVAL (Specify) shows: 0 50 25A. DATE REC'D BY HEALTH DEPT 3

VS 150-REV. 1/1/65



and

hospital

0

occurred

Such

death.

0

prior

eceased

Ö

the

attendance

regular

=

Was

death LO

pronounced

who

physician

(except where

hospital death)

at a

was D.O.

shows:

This certificate must be

9

and

2

eceased prior

70

written approval

VS 150-REV. 1/1/65

is made. regular

final disposition

OF

embalmed

must be obtained before the remains are

No physician was

5. SEX

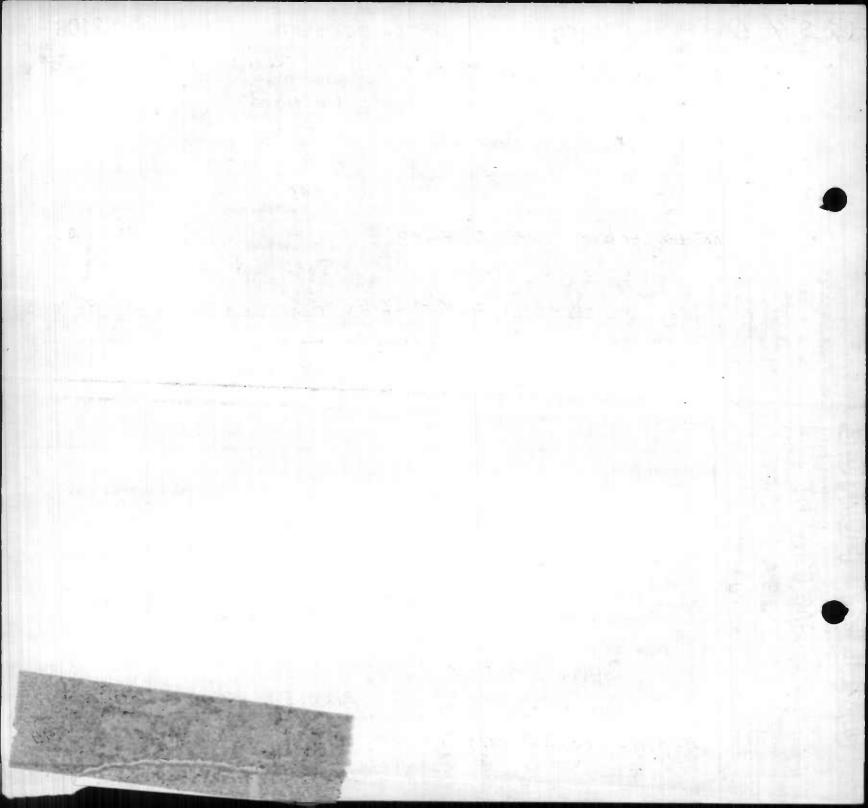
uo.

ance

attend

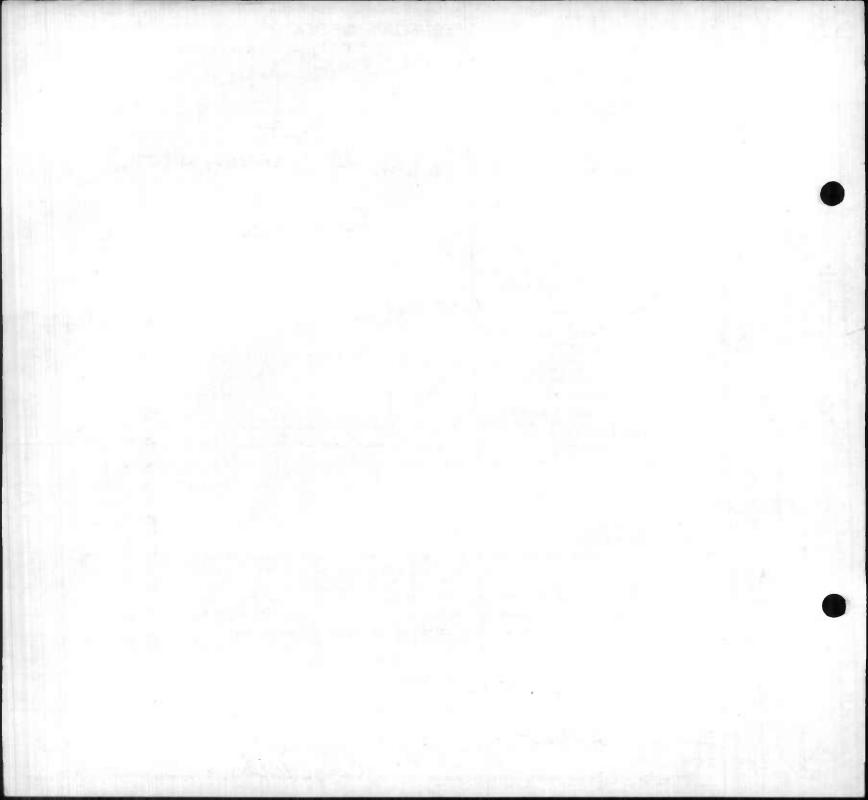
BALTIMORE CITY HEALTH DEPARTMENT						
MRTH NO. 65 2106 CERTIFICA	TE OF DEATH Registered Na. 65 2106					
ANTON OR Anthony Gomola	2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH  A. M.					
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION	A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL ond give township) Baltimore					
Franklin Square Hospital	D. STREET ADDRESS (If rurol, give location)  808 W Lombard St.					
6. RACE // MARRIED NEVER MARRIED WIDOWED, DIVORCED (specily)	8. DATE OF BIRTH 9. AGE (In years lost birthday) 1/30/95 1/10st birthday) 1/10der 1 Yr. If Under 24 Hrs. Months Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country)  Russia  12. CITIZEN OF WHAT COUNTRY?  U.S. A					
RETIRED LABOR BETH STEEL CO	14. MOTHER'S MAIDEN NAME					
Gomola ? FOMA	Does not Know.					
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service) YES WORLO WAR 1 315-01-3126	BERTHA GOMOLA 808 W LOMBARD ST					
1B. CAUSE O						
heort failure, asthenia, etc. It means the disease, injury or complication which coused death.)	10 infactor					
ANTECEDENT CAUSES  (B)  DUE TO	hand the second					
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) storing the (C)UNDERLYING CONDITION lost.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						

## omo 15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give war ar dates WORLD WA DISEASE OR CONDITION DIREC LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which coused d ANTECEDENT CAUSES OR CONDITIONS, The obove cause (A) UNDERLYING CONDITION lost. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDI 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date that (I) (we) last saw the deceased alive on and hour and from the causes stated above. (1) (We) (did) (did net) view the body after death. 23A. SIGNATURE 238 DATE SIGNED Attending Phys. Med. 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type 4State! REMOVAL (Specify) HEALTH DEPT 25C. FUNERAL DIRECTOR



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

		BALTIMORE CITY	HEALTH DEPARTMENT		F 040m
	TH NO. 65 2107	CERTIFICA	TE OF DEATH	Registered Na.	5 2107
1, 1	AME OF DECEASED  Le or Print)  Coence Sutton	George Dr	Mos 2. DATE AN	DHOUR OF DEATH	628 Pm.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	7 7	4. USUAL RESIDENCE (When	deceased lived. If institut	tion: residence before odmission)
11	FULL NAME OF (If not in hospital or institution, oddress or location)	give street	C. CITY OR TOWN OF OCH	side city limits, write RURA	AL and give township)
100	Umversity HOSPITHY		D. STREET ADDRESS (III	ural, give location) /	1
	UNIVERSITY OF MARYLAND		331 n. Cal	Low Stew	<del>/-</del>
5.		NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	ost birthdoy)	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work) 10B, KIND Of eduring most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BARTHPLACE (State or forei	gn country) 12	C. CITIZEN OF WHAT COUNTRY!
13.	fathers NAME Peter Souths,	3	14. MOTHER'S MAIDEN NAM	Me COY M	e Coy
15. (Ye	Was Deceased Ever in U. S. Armed Forces? , no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 241-69-3993	17. INFORMANT		ADDRESS
	DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) C	areinemat oses	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	heart failure, asthenia, etc. II means the disease, injury ar camplicalian which caused death.)	C	rusua & the	Storland	21662
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving	DUE TO	A grant		7
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	·		**************************************
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	G IE			
ERTIFIC/	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A AUTOPSY? (Yes or No	208. IF YES, WERE FIND	INGS CONSIDERED
CAL CE	21A. ACCIDENT WAS UNDERLYING   21B OR CONTRIBUTING   CAUSE OF   hom DEATH (notify medical examiner)   etc.	ne, form, foctory, street, o	fice bidg., INJURY OCCUR?	III in Baltimore Cit	y, give exact location)
MEDIC	OF INJURY	INJURY OCCURRED  Not While At Work	21 F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this hospital) attended t	he deceased fram	2-13	9 65 ta 2	- 3. L
	that (1) (we) last saw the deceased alive an	2-21	196_5and the	ot In(my) (aux) apinlar	death accurred on the date
	and haur and from the causes stated abave. (	I) (We) (did) (did nat)	iew the bady after death.		
	23A. SIGNATURE Sichael & Hay	Phy		Stoff Phys.	2.21.65
	PASSICIANS MICHAEL G. HA	ES AVES M.D.	Miversity H	ospital, Unio	of dld.
24	REMOVAL (Specify)	AME of CEMETERY OF CR	MATORY 24D. LO	OCATION (City, 1	own, or county) (Stote)
25	DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C FUNERAL DIRECTOR	a constitution	ADDRESS ADDRESS
	FEB 25 1965 Robert	E. tarbey A. R.	- Choy Olds	Bir im Bu	antly ar
٧S	150-REV. 1/1/65		t a		



death Such Decedse GUD LO hospital death. of ance (2) cause canse; attend 0 0 = prior contributing occurred Undetermined regular eceased death Ξ ō Was the direct 4 assistant death LO kind; final attendance any 70 pronounce his Also, embalmed of fracture examiner regular aminer. who <u>e</u> physician the chief medical medical MOS physician Body the ō by (2) where the hospital °N nature; by 9 approved (except and any 10 of eath) hospital released accident Ö 0 0 prior Was at An D.O.A. eceased the body shows:

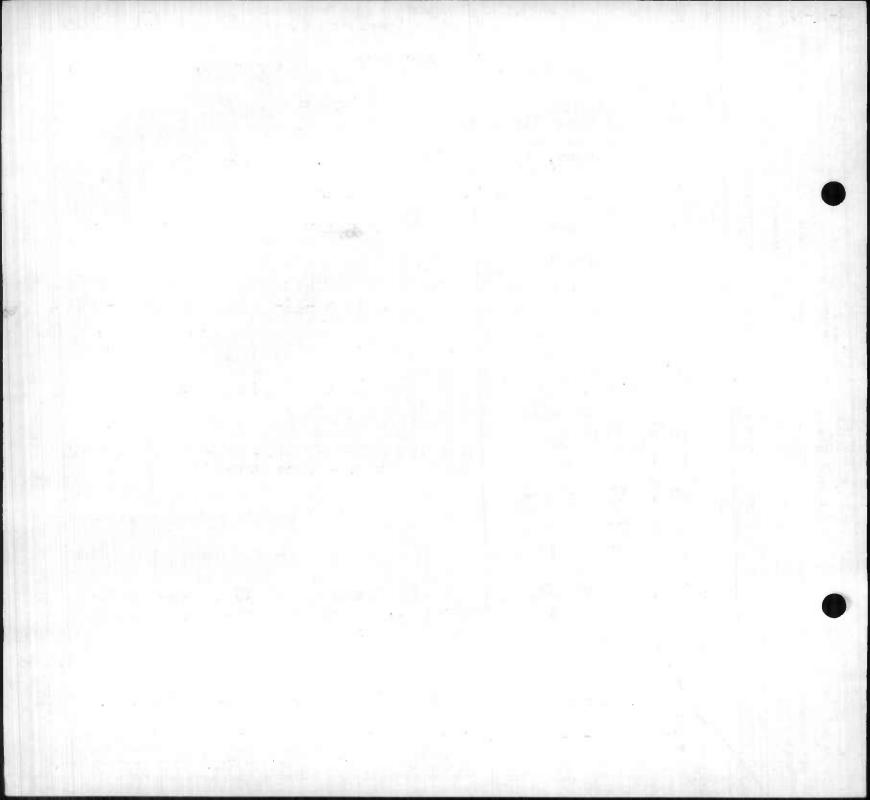
Was

0

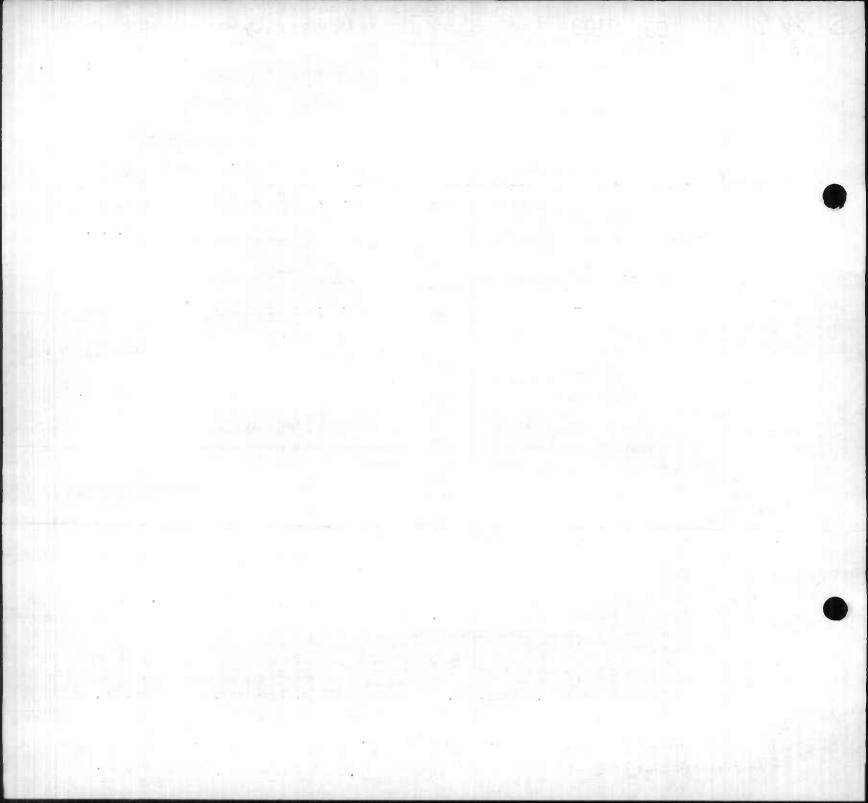
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. DATE AND HOUR OF DEATH (Type or Print) (Paul Wasinowsky) Paulo Jasinowski February 23. 4. USUAL RESIDENCE (Whore deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If not in hospital or institution, give streat Maryland FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If autside city limits, write RURAL and give township) INSTITUTION Baltimore City Hospitals Balt.imore 4940 Eastern Avenue D. STREET ADDRESS (If rural, give location) Baltimore, Maryland #21224 239 S. Broadway - #21213 made. 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. Manths: Days If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthday) Married 4-26-84 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF disposition dane during most of working life, even if retired) Retired Bank Clerk -Ilkranian Ilkranian 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 1 6. SOCIAL (Yes, no or unknown)((If yes, give wer or dates of service) SECURITY NO No Records-BCH-4940 Eastern Avenue - #21224 CAUSE OF DEATH INTERVAL BETWEEN or ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cardiac Arrest Minutes (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) Possible Gram Negative Sepsis ANTECEDENT CAUSES dre DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the remains UNDERLYING CONDITION lost Cerebral Vascular Accident - Arteriosclerotic Cardio OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Vascular Disease - Severe Pneumonitis DISEASE OR CONDITION CAUSING IT. before the 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 1198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION WAS PERFORMED No 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify modical examinar) etc.) obtained 21D. TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from January February that (I) (we) lost sow the deceased alive on February 1965 pe ond that in (my) (our) opinion death occurred an the date ond hour and from the couses stated obove. (1) (We) (did) (did not) view the body after death. must 23A, SIGNATURE 23B. DATE SIGNED Attending Med. Stoff M.D. Phys. February 23, 1965 Phys. Director L approval 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) Douglas Carroll 4940 Eastern Avenue- Baltimore. 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify)

Burial 2-26-1965 St. Michael Ukranian Baltimore County. Maryland 25B. NAME OF REGISERAR DEWMAN 25C. FUNERAL DIRECTOR Lilly & Zeiler Inc. 1901 Eastern Ave.



VS 150-REV. 1/1/65

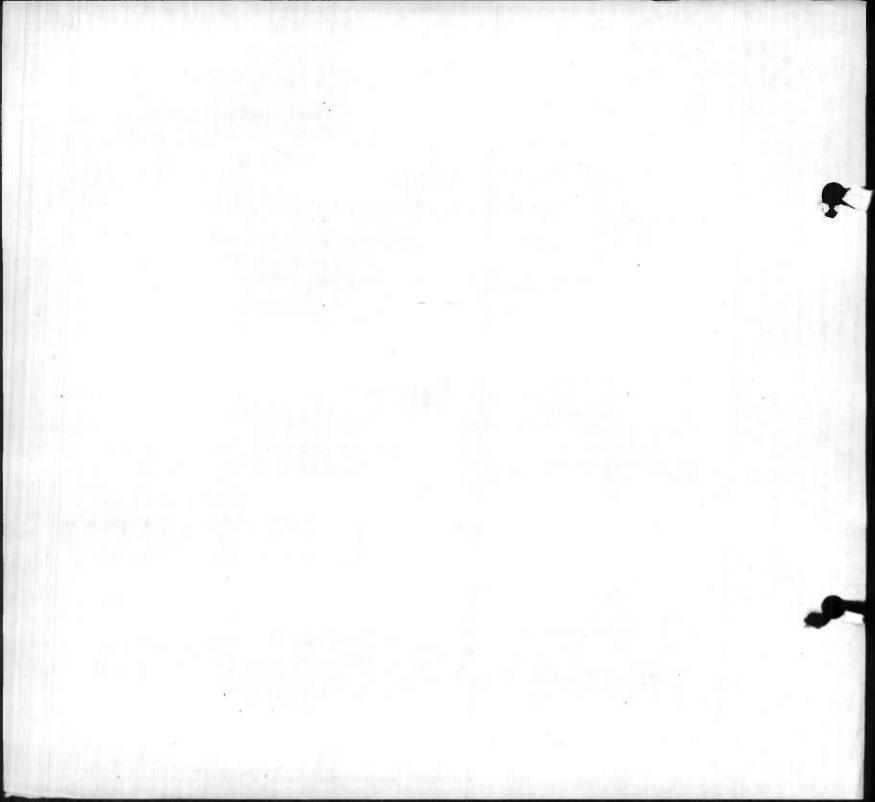


		-			
BAL	TIMORE	CITY	HEALTH	DEPAR	IMEN

Registered	Na.	65	2110
3			

M.E. CASE NO. 65 2110		CERTIFICA	TE OF DEATH	Registered Na.	09 5110
I. NAME OF DECEASED			2. DATE AN	D HOUR OF DEATH	
(Type or Print) Sadie Cl	larice	Gadsey	Febru	uary 23, I	1965  M nstitution: residence before odmission)
3. PLACE OF DEATH IN BALTIMORE, MAS	YLAND		4. USUAL RESIDENCE (When	re deceased lived. If in	stitution: residence before odmission)
FULL NAME OF (If not in hospital a	or institution.	nive street	Maryland		15 48
HOSPITAL OR oddless of locotion INSTITUTION		g.vo		tside city limits, write	RURAL and give township)
7			Baltimore		
2311 Roslyn	Ave			rurol, give location)	
			2311 Roslyn	Avè	
5. SEX 6. RACE		NEVER MARRIED  D, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
Female Colored	Wido	-	Nov 11, 1894	70	
10A, USUAL OCCUPATION (Give kind of work			11. BIRTHPLA CE (State or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  Domestic	Triv	ate	Baltimore, U	larvlend	U.S.A
13. FATHERS NAME			14. MOTHER'S MAIDEN NA		00000
Harry M. Smith			Annie Wi	eatlev	
		11 6 000141	17. INFORMANT	00.01.03	100000
15. Was Deceased Ever in U. S. Armed Forc (Yes, no or unknown) (If yes, give war or dates		SECURITY NO.		5	BO7 I Street
No		214-12-1850	A Mr. Landon	n Gadsey	Sparrows Point
18. 4. 4. 2 X I		CAUSE O	DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIR	ECTLY				ONSET AND DEATH
LEADING TO DEATH		(A) Hype	rtensive Cardio	vascular di	sease 3yrs.
(This does not meon the made all heart foilure, asthenia, etc. It meons		DUE TO			
injury ar camplication which coused		0	3		
ANTECEDENT CAUSES		(B) Cere	bral Vascular A	ccident	2mo.
DISEASES OR CONDITIONS, if	ny, giving	551.0			
rise to the obove cause (A) UNDERLYING CONDITION last,	stoting the	(C)			~ A AAAA
CHEERING COMBINED (US).					
OTHER SIGNIFICANT CONDITIONS CO	ONTRIBILITING	G			
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT	TED TO TH				
19A. DATE OF OPERATION 19B. CONI	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERF	ORMED			IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	e City, give exoct locotion)
▼ DEATH (notify medical examiner)	hom etc.		fice bldg., INJURY OCCUR?		
OF INTURY	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUPY	
S of moon		ile At Not While			
(APPROX.)	Wo				
22. I certify that (1) (this hospital)					Feburary 65 19
that (I) (we) last saw the decease	d alive an	2/23/65	19and th	at in (my) (aur) api	nian death accurred an the date
and have and from the causes state	ed abave. (I	) (We) (did) (did nat) v			
73A. SIGNATURE	1	0 00			23B. DATE SIGNED
Jank & The	rete	M.D. Atte	mding Med.	Stoff Phy s.	2/24/65
23C. PHYSICIAN'S	1 100		23D. ADDRESS	1117 31 1	~/ ~~/ ~ )
Joshua R. Mitchell	111:		2202 Garrison	Blvd.	
		M.D.	Baltimore 16, 1	Md.	
24A. BURIAL CREMATION, REMOVAL (Specify)	24C. N	AME of CEMETERY or CRE	MATORY 24D. L	OCATION (Ci	ity, town, or county) (State)
Burial   2/27/6	55 1 017	nt Calvary	Cemetery Am	ne Arundel	1 County, Md
		TILD OWT A ST.	Ocurred of the latest	the like this to be	L OUGHLON . ILL
25A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
FEB 25 1965			25C. FUNERAL DIRECTOR		ADDRESS

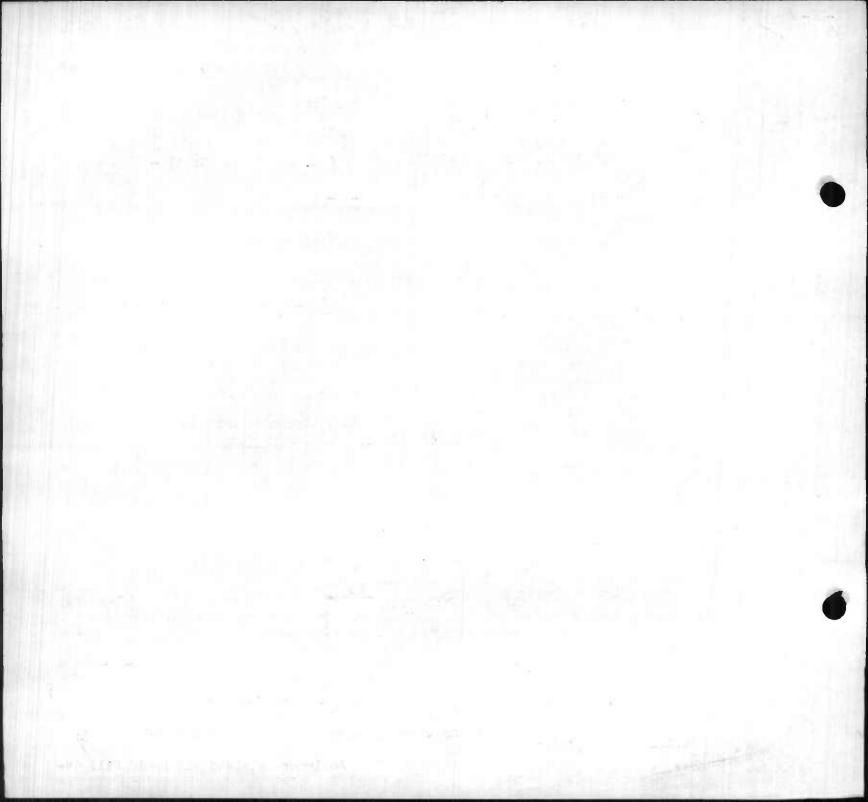
VS 150-REV. 1/1/65



1	0	-9	O
/	2	9	S
	_	de	0
	8		O
	=	of	å
	S	-	-
	ho	S	5
	-	20	0
	-	Ü	15
	.=	6	9
	0	2.	0
	9	1	Pe
-	7	9	=
	Ü	=	Ξ.
	Ö	5	-
	4	ŭ	+
	at	1	Ö
	0	0	7
	0	t	7
_	=	0	4
7	t	=	
FUNERAL DIRECTOR: IMPORTANT	oe approved by the chief medical examiner or his assistant if death occurred in a hospital and	9	P
2	St	he	-5
2	SS	-	-
0	0	#	6
0	.2	à	0
2	-	S	0
	0	4	0
••	-		5
8	ne	0	t
0	=	.5	5
-	5	E	-
	×	5	4
04	0	6	8
=	0	_	
	· E	0	ns
-	9	F	-
3	E	0	ā
X	4	F	>
7	110	0	Po
5	4	>	00
E .	0	9	2
	=	=	0
	>	.=	0
	9	Sp	5
	ed	9	4
	>	-	_
	2	Å	7
	d	+	8
	8	+	36
	90	D	+
	+	Se	5
	US	0	P
	E	16	Ci
	-	1	a
	10	SE	=
	ice	3	4
	if	*	=
	This certificate must be	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	nows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
	Ce	9	2
	.5	0	0
	4	th	Sh
		-	

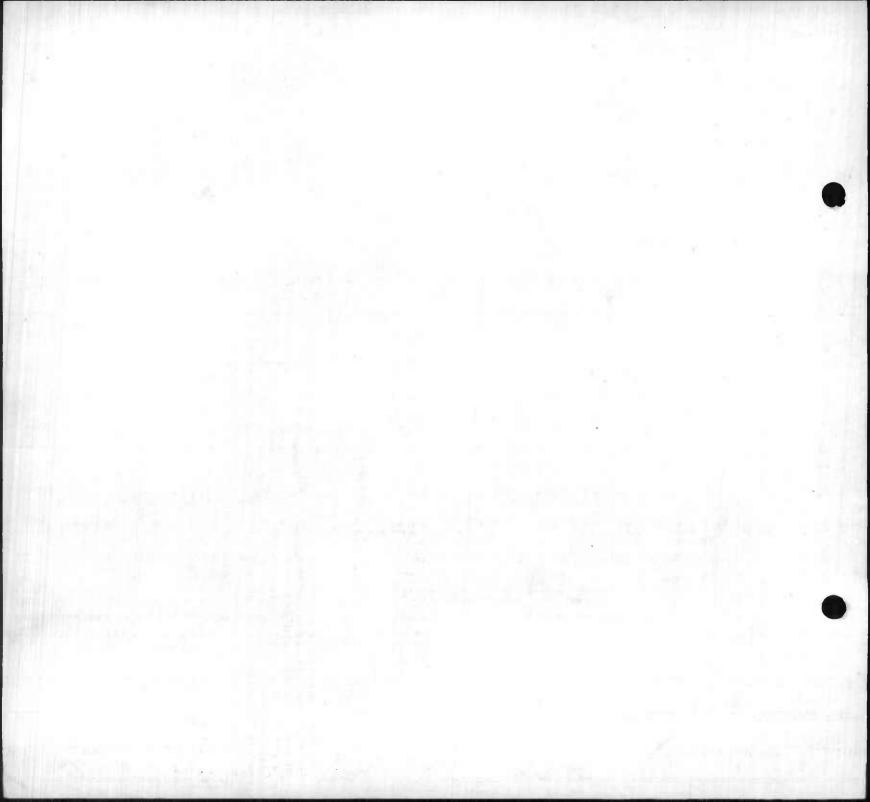
	NO. 65 2:	111		CERTIFICA	TE OF DEATH	Registered Na.	65 21
1. NAA	ME OF DECEASED				2, DATE	AND HOUR OF DEATH	1
(Туре	Mary Lou	Wilkers	on		Febr	mary 22, 196	5   12:
3. PL#	ACE OF DEATH IN BA				4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived, If i	institution: residence belo
F111			1			01411	60
HO	SPITAL OR odd	not in hospital o ress or locotion)		ve street	Maryland c. city or town (if	outside city limits, write	RURAL and give towns
INS	TITUTION Ba	ltimore	City Ho	spitals	Baltimore		
	49	40 Easte	rn Aven	ue		(If rural, give location)	
	Ba	ltimore,	Maryla	nd #21224	1514 E. Balt	imore Street	- #21224
5. <b>SEX</b>	6. RACE	1		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If U
Fer	male Negr	0	Marri	DIVORCED (specify)	2-19-05	59	Wionin's Doys Hoo
10A. U	SUAL OCCUPATION (	ive kind of work		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF
done d	uring most of working lile,	even if retired)					WHAT COUNTR
13. EA	THER'S NAME				Virginia 14. MOTHERS MAIDEN N	IAME	USA
. J. FA	11116 3 1111/116				ITTOTICE TO THE ENTER		
		h		?			?
(Yes, n	o or unknown) (II yes, gi	S. Armed Force	of service)	SECURITY NO.	17. INFORMANT		ADDRESS
					Records-BCH-	-4940 Easterr	n Avenue #212
18	156.2	ار		CAUSE O	F DEATH		INTERVAL B
	DISEASE OR CO		CTLY				
/3		TO DEATH	duing	(A) ASD	Lration	######################################	½ hour
h	This does not mean east failure, asthenia,	elc. Il means	the disease,	DUE TO			
in	njury or camplication		death,)	/a Hem	atemesis		1 hour
		ENT CAUSES		DUE TO	**************************************		
	SEASES OR COND se la lhe abave			(c) Meta	astatic Adenoca	arcinoma to	
	INDERLYING CONDIT		amy mv	Live	******************************		
		II			7		
NO O	THER SIGNIFICANT CO	ONDITIONS CO	ONTRIBUTING				
	DISEASE OR CONDITIO	N CAUSING IT	•		IAAA	AL V. 000 15	
	A. DATE OF OPERATIO	WAS PERF		HICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERE AUSES OF DEATH?
	A. ACCIDENT WAS U	NDERLYING -	1218	PLACE OF INITIAY	NO n or obout 21 C. WHERE DID	(15 in Rollins	ore City, give exact local
ERTIFIC	R CONTRIBUTING C	AUSE OF	home	, form, foctory, street, o	fice bldg., INJURY OCCUR	ur in politino	one only, gave exoct tocol
OERTIFIC,	EATH (notily medical e		etc.)		4 7 74 9		
CAL CERTIFIC		(Doy) (Yeor)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID	NJURY OCCUR?	
EDICAL CERTIFIC	D. TIME (Month) F INJURY		3.8.21.11	A			
AEDICAL CERTIFICA			While	Not While At Work	e		
MEDICAL CERTIFICA	F INJURY APPROX.)	this hospital)	Work	e deceased from I	L <b>-</b> 23-		2-22
MEDICAL CERTIFIC	F INJURY APPROX.)		Work attended the	Not While At Work  deceased fram 1 2-22	L <b>-</b> 23-	19 <u>64</u> ta that in(my) (aur) ap	
MEDICAL CERTIFICAL CERTIFICATION	F INJURY APPROX.)  2. 1 certify that (1) (and (1) (we) last saw	the deceased	Work attended the	deceased from I 2-22	1-23- 19 65 and	that in(my) (aur) ap	2–22 Dinlan death accurred
MEDICAL CERTIFICAL CERTIFICAL DIO 10 10 10 10 10 10 10 10 10 10 10 10 10	F INJURY APPROX.)  2. 1 certify that (1) (anat (1) (we) last saw	the deceased	Work attended the	deceased from I 2-22	L <b>-</b> 23-	that in(my) (aur) ap	
MEDICAL CERTIFICAL CERTIFICAL DIO 10 10 10 10 10 10 10 10 10 10 10 10 10	F INJURY APPROX.)  2. I certify that (I) (in the control of the co	the deceased	Work attended the	At Work deceased fram I 2-22  (We) (did) (did nat)	1-23- 19 65 and	that in(my) (aur) ap h.	238. DATE SIGNED
WEDICAL CERTIFICAL CERTIFICATION CERTIFICATI	F INJURY APPROX.)  2. 1 certify that (1) ( nat (1) (we) last saw and haur and from the BA. SIGNATURE	the deceased	Work attended the	At Work  deceased fram I 2-22  (We) (did) (did nat)  M.D. Aftr. Phy	19 65 and rlew the bady after death	that in(my) (aur) ap	olnian death accurred
WEDICAL CERTIFICAL CERTIFICATION CERTIFICATI	F INJURY APPROX.)  2. 1 certify that (1) (1) act (1) (we) last saw and haur and from the BA. SIGNATURE  BC. PHYSICIAN'S NAME (Type)	deceased by h	work attended the d alive an ed abave. (1)	At Work  deceased fram I 2-22  (We) (did) (did nat)  M.D. Attr. Phy	19 65 and riew the bady after death pirector 23D. ADDRESS	that in(my) (aur) ap h.  Stoff Phys.	238, DATE SIGNED 2-22-65
WEDICAL CERTIFICAL CERTIFICATION CERTIFICAL CERTIFICATION CERTIFI	F INJURY APPROX.)  2. I certify that (I) (I) and (I) (we) last saw and haur and from the BA. SIGNATURE  BC. PHYSICIAN'S NAME (Type) Dr.	Douglas	d alive aned abave. (I)	At Work  deceased from I  2-22  (We) (did) (did nat)  M.D. Attr. Phy  M.D.	1-23-  19 65 and riew the bady after deat  and Med. birector  23D. ADDRESS  4940 Eastern	that in(my) (aur) ap h.  Stoff K Phys. K  Avenue - #212	238. DATE SIGNED 2-22-65
DI 19 21 21 21 21 21 21 21 21 21 21 21 21 21	F INJURY APPROX.)  2. 1 certify that (1) (1) act (1) (we) last saw and haur and from the BA. SIGNATURE  BC. PHYSICIAN'S NAME (Type)	Douglas	work attended the d alive an ed abave. (I)  Cure  Carroll  24C.NA	ME of CEMETERY or CR	I=23-  19 65 and rlew the bady after deat s. Med. Director D 23D. ADDRESS 4940 Eastern	that in(my) (aur) ap h.  Stoff Avenue - #213 LOCATION (6	238. DATE SIGNED 2-22-65 224 City, town, or county)
OHLE PROPERTY OF THE PROPERTY	F INJURY APPROX.)  2. 1 certify that (1) (1) that (1) (we) last saw and haur and from the BA. SIGNATURE  BC. PHYSICIAN'S NAME (Type)  Dr. BURIAL CREMATION,	Douglas	d alive aned abave. (I)	(We) (did) (did nat) AHL.  ALD.  ME of CEMETERY of CR	I=23-  19 65 and rlew the bady after deat s. Med. Director D 23D. ADDRESS 4940 Eastern	that in(my) (aur) ap h.  Stoff K Phys. K  Avenue - #212 LOCATION (C	238. DATE SIGNED 2-22-65

VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and C
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased VI
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the M
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

65 9449	BALTIMORE CIT	Y HEALTH DEPARTMENT		05 9339
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered No.	65 2112
M.E. CASE NO.	4.1	2. DATE AN	ID HOUR OF DEATH	4
(Type or Print)	N LEE	2	119/65	18:20 P. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admission)
FULL NAME OF (If not in hospital or institution	on, give stieet	Mary land		22-01
HOSPITAL OR oddiess or location)		C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
B		D. STREET ADDRESS (III	rurol, give tocotion)	
South Balt, were Corner	I Hospital	16 W. H. 11	St.	
5. SEX   6. RACE   7. MARRI	ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	WED, DIVORCED (specify)	714198	lost birthda 66	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND		Y 11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)		South Carolina	^	WALL COUNTRY!
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		6,2-11-
0		1.		
15. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service	e) SECURITY NO.	RECORDS		
118.	CALISE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CAOSE	e e	0	ONSET AND DEATH
LEADING TO DEATH	(A)	Freemone	- Jeks	la
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disea	.g., DUE TO	A	1	
injury or complication which coused death.)	(12	1 - 1 -	1 1	
ANTECEDENT CAUSES	(B) DUE TO	vien on week	4000	
DISEASES OR CONDITIONS, if ony, giv	ing	1-10	day link	
rise to the obove couse (A) sloting UNDERLYING CONDITION lost.	lhe (C)	em ando	Herspielly	P Sitted
11			0 1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	ING			
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
II O IZIA, ACCIDENT WAS UNDERLYING	21B, PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimo	ne City, give exact location)
▼ DEATH (notify medical examine)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY	While AI Not Wh	ile 🗀	7.7	
	Work At Work		31	10.1.2
22. I certify that (1) (this hospital) attended	2 1 0			19/65
that (3) (we) lost sow the deceased alive of	2/19/65	ond th	at in (mx) (aur) op	Inion death occurred an the date
ond hour and from the causes stoted obove	. (I) (We) (did) (did not)	view the body after death.		
23A+ SIGN AT URE	1 stime	Handing Adad —	Stoff = /	23B. DATE SIGNED
Michael besilet	Charles Ph	trending Med.  Director	Stoff Phys.	2/20/65
23°C. FHYSICIAN'S NAME (Type)		23D. ADDRESS		
Michael W. Kilchans	tein M.D		24. 15	Balto Md 21230
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY OF C	REMATORY 24D. L	OCATION (	City, town, or county) (State)
Burial 2/23/65-1	mound	un Bi	cerm	ore, Mg.
	E OF REGISTRAR	25C EUNERAL DIRECTOR	0/	ADDRESS
FEB 25 1985 Rest	E Tarbey min	Charles	- les /Ca	2061W, Barre
VS 150-REV. 1/1/65				



RUSSELL S. FISHER, M.D.

SIGNATURE

EXAMINER'S

NAME (Type) 23A. BURIAL CREMATION,

REMOVAL (Specify)

23B, DATE

Baltimore, Maryland 2/25/ Mt. Auburn 65 Burial 248 NAME OF REGISTRAR 24C. FUNERAL DIRECTOR Charles A. Rice 661 W. Barre St. VS 151-REV. 1/1/65

23C. NAME of CEMETERY OF CREMATORY

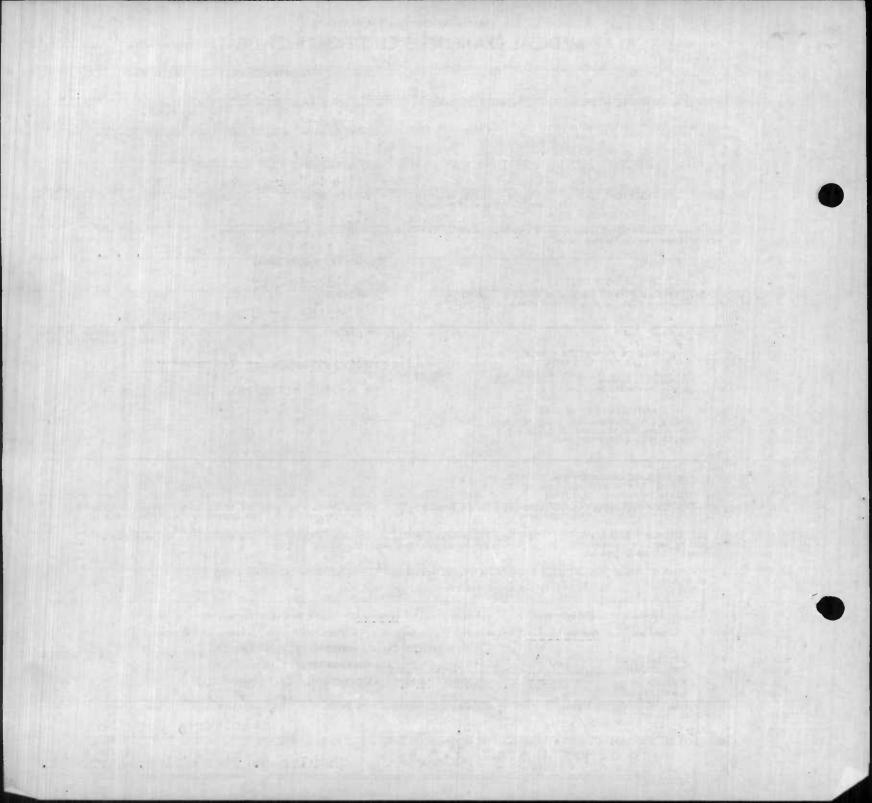
ASSOCIATE MEDICAL EXAMINER

23 D. LOCATION

2-22-65

(City, town, or county)

(Stote)

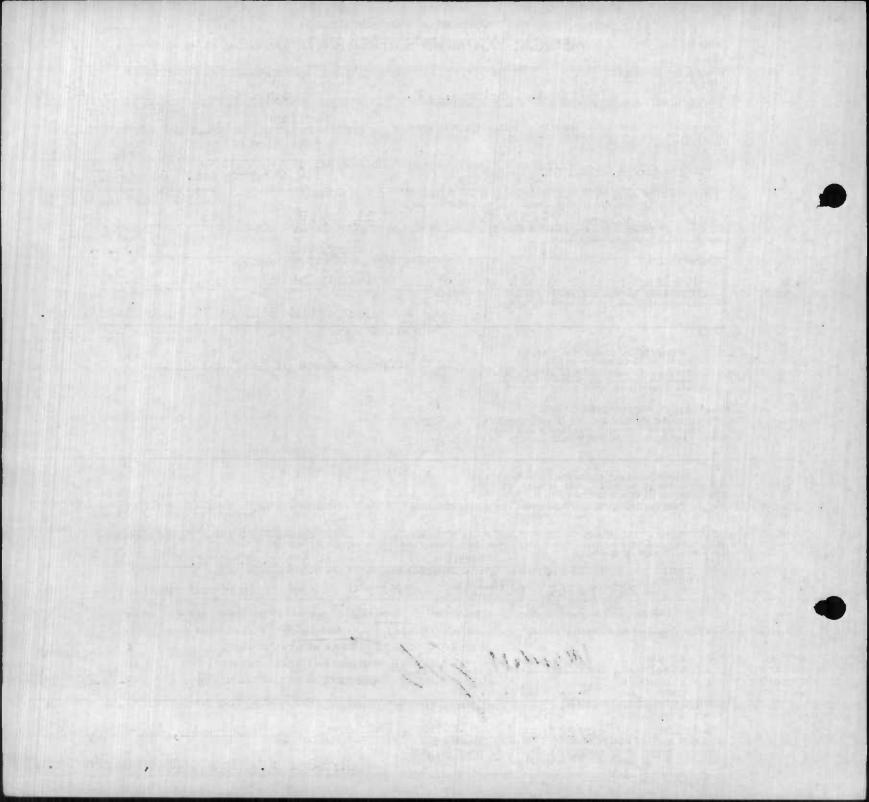


BALTIMORE CITY HEALTH DEPARTMENT	
 EVALUEDIC CENTICICATE	0

1 N	AME OF DEC	CASED			10	DATE AND	HOUR PRONOUNCE	ED DEAD		
Тур	e or Print)		A Observ	41 Tn	1		HOOK PRONOUNCE	LD DEAD	7:1	< p
3. PL	ACE IN BALT	William IMORE, MARYLAND, W	HERE PRONOL	tham , Jr.	4. USUAL RESIDEN	ICE (Where de	65 eccosed lived. If insti B. COU	itution: resi		
ULI	NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JION. GIVE STREET	Mar	yland			7-	30-
HOS	PITAL OR	ADDRESS OR LOCA	ATION)			ltimore	corporate limits, write	RURAL	ond give town:	ship)
	. ب				D. STREET ADDRE	SS (If med o	ive location)	Bout	lett a	عین
	50	05 E. 22nd St			710	O Barle	tte Ave.	and	full.	
. SE	X	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Unde	or 1 Yr. If Und	ler 24 l
ma	ale	colored	Sing		11/29/49	9	15	, violinis	0075 11001	1
0A.	USUAL OCCL		NIOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (SI	ote or foreign	country)		ZEN OF	?
					Marylar			4.4	S.A.	
	ATHER'S NAN				14. MOTHER'S MAI					
		m Arthur C		M 116. SO CIAL	Catheria	ne Fis.	ner	ADDRES		
		of yes, give wor or dote		SECURITY NO.		oo Eto	her 710 E			777
I o	B				OF DEATH	le FIS.	Her. /10 E	ar. r.1	INTERVAL	
	Δ	nplication which coused NTECENDENT CAUSION OR CONDITIONS, IF A	ES	(B)				·····		******
TIFICATION	OTHER SIGN	E ABOVE CAUSE (A) S NG CONDITION LAST.  II  NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	CONTRIBUTING	(C)				•		
	OTHER SIGN TO THE DISEASE O	E ABOVE CAUSE (A) S NG CONDITION LAST.  II  NIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTING THE	(C)			DB, IF YES, WERE FIN			
AL C	OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF T	ABOVE CAUSE (A) S NG CONDITION LAST.  II  NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 119B. CON WAS PER	CONTRIBUTING THE  CONTRIBUTING HATED TO T G IT.  NOTION FOR Y FORMED	(C) NG HE WHICH OPERATION PLACE OF INJURY (e.g.,	yes	IERE DID (IF		SES OF D	EATH?	
CALCE	OTHER SIGNOTHE DISEASE OF THE DISEAS	B ABOVE CAUSE (A) S NG CONDITION LAST.  II  NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 198. CON WAS PER	CONTRIBUTING THE  CONTRIBUTING HATED TO T G IT.  NOTION FOR Y FORMED	(C) NG HE WHICH OPERATION PLACE OF INJURY (e.g., , form, foctory, sheet, o	yes	IERE DID (IF	N CERTIFYING CAUS YES in Bollimore City, gi	SES OF D	EATH?	
MEDICAL C	OTHER SIGNOTHE DISEASE OF THE DISEAS	ABOVE CAUSE (A) S IG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 19B. CON WAS PER L CAUSE WAS	CONTRIBUTING THE CONTRIBUTING LATED TO T G IT. NOTION FOR Y FORMED  21 B. home etc.)	(C) NG HE WHICH OPERATION PLACE OF INJURY (e.g.,	yes in or obout 21C. White bldg. INJURY	IERE DID (IF	yes in Bollimore City, gi	SES OF D	EATH?	
MEDICAL C	OTHER SIGN TO THE DISEASE OF THE DIS	ABOVE CAUSE (A) S IG CONDITION LAST.  II  NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 19B. CON WAS PER L CAUSE WAS DOR CONTRIB- SE OF DEATH.	CONTRIBUTING THE  CONTRIBUTING LATED TO T G IT.  PROPRIED  21 B. home etc.)	VHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, sheet, o	yes in or obout 21C. Whiffice bidg., NJURY 6	HERE DID (IF	yes in Bollimore City, gi	ve exoct l	EATH?	
MEDICAL C	OTHER SIGN TO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DESTRUCTION	ABOVE CAUSE (A) S IG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 19B. CON WAS PER L CAUSE WAS DOR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo 2 ? 65	CONTRIBUTING THE  CONTRIBUTING  LATED TO T G IT.  NOTITION FOR 1  FORMED  21 B. home etc.)  or) (Hour) 2  ? m. V	CO  NG HE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, sheet, ohouse TE, INJURY OCCURRED  WHILE AT NOT WORK	yes in or obout 21C. Wh ffice bldg., INJURY C	HERE DID (IF DOCCUR? (IF DOCCUR? (IF DOCCUR? (IF DOCCUR) ) (IF DOCCUR) (IF DOC	yes in Bollimore City, gi  22nd St. y occur? nead and ch	ve exoct I	EATH?	
MEDICAL C	OTHER SIGITO THE DISEASE OF THE DISE	ABOVE CAUSE (A) S IG CONDITION LAST.  II  NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 19B. CON WAS PER  L CAUSE WAS DOR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo 2 ? 65	CONTRIBUTING THE  CONTRIBUTING ELATED TO T G IT.  NOTITION FOR V FORMED  21 B.  home etc.)  (Hour) 2 ? m. V	(C)	yes in or obout 21C. White bidg, INJURY of the bidg, INJURY of the bidg.  21F. HOV	HERE DID (III) DOCCUR? OS E. 2 W DID INJUR NOT in 1	ves in Bollimore City, gi  22nd St. y occur? nead and ch bosis, death in m	ve exoct I	EATH?	
MEDICAL	OTHER SIGN TO THE DISEASE O  19A. DATE OF  21A. EXTERNA UNDERLYING OTHER SIGNAT  1 CEPT  1 CEP	BABOVE CAUSE (A) S IG CONDITION LAST.  II  NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 19B. CON WAS PER  L CAUSE WAS DOR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo 2 ? 65	CONTRIBUTING THE  CONTRIBUTING ELATED TO T G IT.  NOTITION FOR V FORMED  21 B.  home etc.)  (Hour) 2 ? m. V	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, sheet, or house  IE. INJURY OCCURRED  WHILE AT NOT WORK  Inspection Aut  Suicident Suicide	yes in or obout 21C. Wh ffice bidg, INJURY 6  21F. HOV ORK S  OPSY Y and Hamicide CHIEF MEI ASSISTANT ME	ifere DID (III) DOCCUR?  (05 E. 2  W DID INJUR  DOCCUR?  that on this  The Toronto The Tor	POSSIBLE CAUSE OF THE PROPERTY	ve exoct I	DATE SI	IGNE
MEDICAL	OTHER SIGITO THE DISEASE O THE	ABOVE CAUSE (A) S IG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 198. CON WAS PER L CAUSE WAS DOR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo 2 ? 65  tify that I held an I ted fram: Natural cause URE URE	CONTRIBUTING THE  CONTRIBUTING ELATED TO T G IT.  NOTION FOR N FORMED  21 B. home etc.)  (Hour) 2 ? m. V	MHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, sheet, or house te. Injury occurred with the sheet of	yes in or obout 21C. White bidge, INJURY of the bid	ifere DID (III) DOCCUR?  (05 E. 2  W DID INJUR  DOCCUR?  that on this  The Toronto The Tor	POSSIBLE CAUSE OF THE PROPERTY	ve exoct I	EATH?	IGNE
MEDICAL C	OTHER SIGITO THE DISEASE OF THE DISE	ABOVE CAUSE (A) S IG CONDITION LAST.  II  NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING  OPERATION 198, CON WAS PER  L CAUSE WAS DOR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo 2 ? 65  rify that I held an I ted fram: Natural ca  URE  URE  URE  IER'S Type) W. U. S  MATION, 1238, DATE	CONTRIBUTING THE  CONTRIBUTING  CONTRIBUTION  CONTRIBUTION	MHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, sheet, or house te. Injury occurred with the sheet of	WHILE STORY ON HOME OF THE MEN ASSOCIATE ME	ifere DID (III) DOCCUR?  (05 E. 2  W DID INJUR  DOCCUR?  that on this  The Toronto The Tor	N CERTIFYING CAUSE YES in Boltimore City, gi 22nd St. Y OCCUR? head and ch bosis, death in mandetermined manna MINER MINER AMINER	ve exoct I	DATE SI	GNE
MEDICAL C	OTHER SIGN TO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DESTRUCTION	ABOVE CAUSE (A) S IG CONDITION LAST.  II  NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING  OPERATION 198, CON WAS PER  L CAUSE WAS DOR CONTRIB- SE OF DEATH.  (Month) (Doy) (Yeo 2 ? 65  rify that I held an I ted fram: Natural ca  URE  URE  URE  IER'S Type) W. U. S  MATION, 1238, DATE	CONTRIBUTING THE  CONTRIBUTING  CONTRIBUTION  CONTRIBUTION	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, sheet, or house tell injury occurred with the control of	WHILE STORY ON HOME OF THE MEN ASSOCIATE ME	HERE DID (III) DOCCUR?  505 E. 2  W DID INJUR  OOT IN 1  That an this  DICAL EXA  DICAL EXA  DICAL EXA  DICAL EXA	N CERTIFYING CAUSE YES in Boltimore City, gi 22nd St. Y OCCUR? head and ch bosis, death in mandetermined manna MINER MINER AMINER	ve exact I	DATE SI	

VS 151-REV. 1/1/65

Charles A. Rice 661 W. Barre St.

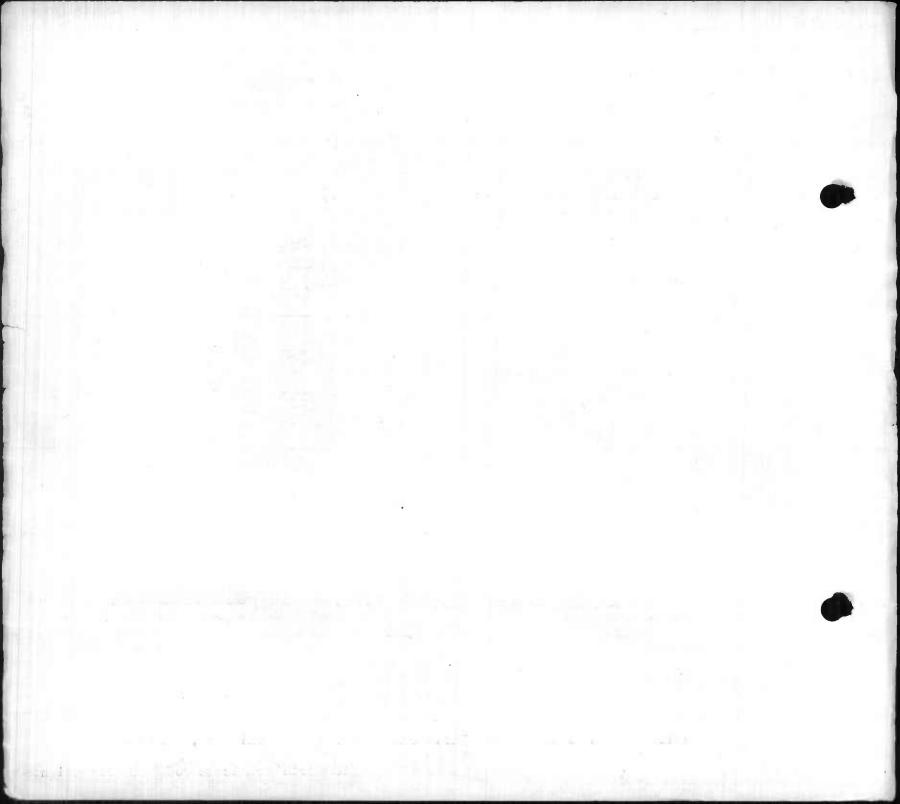


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death or shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

65 2115	BALTIMORE CITY	HEALTH DEPARTMENT		OF GARE
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	65 2115
M.E. CASE NO.	/		HOUR OF DEATH	
Type as Print) Hickman, A	RCItie Stewart	2/	22/65	10,95 PM
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence befare admission)
FULL NAME OF (If not in haspital ar institut HOSPITAL OR oddress ar location)	ian, give street	WEST.	· Virgi	NIA- V-1
CINAI- H	01000	C DW Fol	A ,	NORTH ONE GIVE TOWNSHIP
ZINAT- 11	OSPAPAC	D. STREET ADDRESS (If II	ural, give location)	
A C VIII	NEVER MARRIED	1 /	AGE (In years ost birthdoy)	If Under 1 Yi. If Under 24 Hrs. Months: Days Hours Min.
	ARRIGO.	12/19/87	78	
OA. USUAL OCCUPATION (Give kind of work 10B, KIN done during most all working lile, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		West Virginia		ZU.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Archie Stewrt Hickma	ın	Virginia Ann	Grose	
5. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no at unknown) (If yes, give war at dates of serv $\operatorname{No}$	234-32-4658	Selina Hickman	a - Cowen.	West Virginia
118, 44, 44, 44, 44, 44, 44, 44, 44, 44, 4	CAUSE 0			INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	0,1002	A 4		ONSET AND DEATH
LEADING TO DEATH		Uremie		
(This does not meon the mode of dying,	e.g., DUE TO			
heart failure, asthenia, etc. It means the disc injury or complication which caused death.)	ose,			
ANTECEDENT CAUSES	(B) /V	EPHROSCUER	0515	
DISEASES OR CONDITIONS, if any, gi				
rise to the above cause (A) stating		Midmin & & M. M. & & O ve & & & & & & & & & & & & & & & & & &		
UNDERLYING CONDITION lost.				
Z OTHER CONTRICANT CONTRICAS CONTRIBUTE	LTING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	(If in Boltimor	e City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, larm, foctory, street, a etc.)	ince bidg., INJURT OCCUR!		
O 21 D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
E OF INJURY	While At Not While	e		,
	Wark Al Wark			1-6-
22. I certify that (1) (this hospital) attend	led the deceased from	2/10/65 1	9 10	122/63 19
that (I) (we) last saw the deceased alive	on 2/22/6	J 19 and the	it in (my) (aur) api	nian death accurred an the dat
and haur and from the causes stated above	re. (1) (We) (did) (did nat)	lew the bady after death.		
23A. SIGNATURE			06	23B. DATE SIGNED
arin an	M.D. Atte	ending Med.	Staff N	2/22/65
23C. PHYSICIAN'S		23D. ADDRESS	11	
NAME (Type) ARON	ARY M.D.	SINA	I - Hos	PIPAC-
	C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (C	ily, tawn, ar county) (State)
Burial 2-26-65	Woods Cemeter	Co	Nuon Wood	Vincinia
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	owen, West	ADDRESS
FEB 25 1965 (R.O. F.	E tarbuffia	Ellsworth Arr	na cost-460	00 Liberty Hghts. A
V\$ 150-REV, 1/1/65				1 22021) 115/105/1

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

65 2116	BALTIMORE CITY	HEALTH DEPARTMENT		CE DALC
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	00 2110
M.E. CASE NO.	1/	2. DATE A	ND HOUR OF DEATH	
(Type or Print) JOHN 1.	KILNER	7/2	3/65	10:10 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COU	nere deceased lived. If inst INTY	itution: residence before odmissio
FULL NAME OF (If not in hospital or institution oddress or location)	n, give street	MARYCANI		28-41
MERCY HOSPITAL		12 11	RE limits, write RU	7
Mekey (1938) IAC		D. STREET ADDRESS	PCATEAU	AVE
	D, NEVER MARRIED (Specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) 63	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working tife, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
ACCOUNTANT		BACTIMORE		USA
13. FATHERS NAME	. ~ 0	14. MOTHER'S MAIDEN N.		
	JER	CICY	FUSTIN	ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service	4.44	17. INFORMANT	7 ) 000 0	100 t
118.	2/7-14-5440 CAUSE O	mary 6. Kill	ner 3600 F.	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	٨	0	6	ONSET AND DEATH
LEADING TO DEATH  (This does not meen the mode of dying, e.	(A) ACUT	E TULMONARY	/ EDEMA	BUKS
heart failure, aslhenio, etc. It means the diseas injury or complication which coused death.)	ie,	RTENSIVE CV	DISEASE	Vale
ANTECEDENT CAUSES	DUE TO	CIGNOINE (A	17,2CV26	1011-S
DISEASES OR CONDITIONS, if any, giving the lotter of the obove couse (A) stating I UNDERLYING CONDITION lost.		SETES MELLITA	is UNCONT.	YEARS
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	NULMONARY EDEN		No. 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., income, form, foctory, street, oftc.)	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
OF INJURY (Month) (Doy) (Year) (Hour) 2	1 E, INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
	White At Not While Nork	e		
22. I certify that (this haspital) attended	-122	2/26/	196J to	2/23 19 95
that (M (we) last saw the deceased alive a			**	ian death accurred an the dat
and haur and from the causes stated above.	(v) (We) (did) (did not)	riew the bady after death		23B, DATE SIGNED
William St Zyes	A M. M.D. Atte	ending Med. Director	Stoff Phys.	
23C. PHYSICIANS NAME (Type) WILLIAM	5. Byers	23D. ADDRESS WCRCY	COSPIT	TAC
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (City	, town, or county) (State)
Burial 2/26/65 N	ew Cathedral C	emetery Ba	altimore, Ma	
	E OF REGISTRAR	25 FINNERAL DIRECTO	IN VYNUCKUS	ADDRESS
FEB 2.5 1965 () 2.5	8 tarber 14th	Ellsworth A	rmacost 4600	Liberty Heights
73 130-15 Vi 1/1/03				



M.E. CASE NO.	665 211	CLKII	FICATE OF DEATH		
Type or Print)		C '47		AND HOUR OF DEA	
2 01 4 05 05 0	EdWin (	Comer Smith		ebruary 23,	f institution: residence before
3. PLACE OF D	EATH IN BALTIMORE, M.	ARTLAND	A. STATE B. CC	UNIY	institution: lesidence before
FULL NAME		l or institution, give street	Maryland		40-
INSTITUTION	oddress or locoti	on)		outside city limits, wi	te RURAL and give township)
0	1 1 NT	ain a TTanan	Baltimore D. STREET ADDRESS	(If rural, give location)	
And	derson's Nur	sing Home		hurst Avenu	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIE		9. AGE (In yeors	If Under 1 Yr. , If Under
		WIDOWED, DIVORCED (sp	ecify)	lost birthdoy)	Months Doys Hours
Male	White	xxxxx Widowed	Dec. 13,1885	79 Yrs.	12. CITIZEN OF
	working life, even if retired)		TO STATE THE STATE OF THE STATE OF	oreign coomly,	WHAT COUNTRY?
Invento			N. Carolin		U.S.A.
13. FATHER'S NA	AME		14. MOTHER'S MAIDEN I	NAME	
.To	hn Smith		Anni	e Long	
15. Was Deceose	ed Ever in U. S. Armed For	tes of service) 1 6. SOCIAL SECURITY N	17. INFORMANT		ADDRESS
		No		15 Barria	Court, Rockvill
No	0 11		ANN FISHER -	To Dowle	INTERVAL BETW
DISE	ASE OR CONDITION D	IDECTIV			ONSET AND D
Dist	LEADING TO DEATH		toboronary Thr	mulania	Queha
(This does	nal mean the made o	f dying, e.g., DUI	E TO	10	L
heart failure	, aslhenia, elc. It mean				
				l Re current	
injury or co	implication which couse	d death.)	()	l Re current	
injury ar co		d death.)	E TO	(Re current	( )
DISEASES	amplication which couse ANTECEDENT CAUSE OR CONDITIONS, if	d death.) S (8) DUI	200	L. / A	10 . 45
DISEASES	ANTECEDENT CAUSE	d death.) S (8) DUI	200	Li Heart &	lui 4 yrs
DISEASES	ANTECEDENT CAUSE OR CONDITIONS, if he above cause (A) NG CONDITION last.	d death.) S (8) DUI	200	ti Heart &	( 4 yrs
DISEASES rise to UNDERLYIN	ANTECEDENT CAUSE OR CONDITIONS, if he above cause (AI NG CONDITION last.	d death.)  S  (B) _ DUI  any, giving stating the (C)_  CONTRIBUTING	200	the current	ling 4 yrs
DISEASES rise to to the story of the story o	ANTECEDENT CAUSE OR CONDITIONS, if he above cause (A) NG CONDITION last.	d death.)  S (B) any, giving Stating the (C)_  CONTRIBUTING ATED TO THE	200	ti Heart &	lei 4 yra
DISEASES rise to UNDERLYIN OTHER SIG TO THE DISEASE O	ANTECEDENT CAUSE OR CONDITIONS, if the above cause (AING CONDITION last.  II  NIFICANT CONDITIONS DEATH BUT NOT REI OF CONDITION CAUSING OF OPERATION [198. CO	d death.)  S (B) any, giving stating the (C)  CONTRIBUTING ATED TO THE   IT.  NOITION FOR WHICH OPERATION   CONTRIBUTION   CO	arterio Schrof	Le Heart &	land 4 yrs
DISEASES rise to UNDERLYIN  OTHER SIG TO THE DISEASE O  19 A. DATE (	ANTECEDENT CAUSE OR CONDITIONS, if he above cause (Al NG CONDITION last.  II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING OF OPERATION 198. CO WAS PE	d death.)  S (B)	on  20A. AUTOPSY? (Yes on	No. 208. IF YES, WE IN CERTIFYING	le 4 yra
DISEASES tise to UNDERLYIN  OTHER SIG TO THE DISEASE O  19A. DATE (  21A. ACCID	ANTECEDENT CAUSE OR CONDITIONS, if he above cause (A) G CONDITION last.  III NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION 198. CO WAS PE	d death.)  S (B)	ON 20A. AUTOPSY? (Yes or	No) 208. IF YES, WE IN CERTIFYING	land 4 yrs
DISEASES rise to UNDERLYIN  OTHER SIG TO THE DISEASE O  19 A. DATE (  OR CONTRI  DEATH (not	ANTECEDENT CAUSE OR CONDITIONS, if he above cause (Al NG CONDITION last.  II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING OF OPERATION 198. CO WAS PE	d death.)  S (B)	on  20A. AUTOPSY? (Yes on	No) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES rise to UNDERLYIN  OTHER SIG TO THE DISEASE O  19A. DATE (  21A. ACCID  OR CONTRI  DEATH (not)	ANTECEDENT CAUSE OR CONDITIONS, if he above cause (A) NG CONDITION last.  II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING OF OPERATION 198. CO WAS PE	d death.)  S (B)	ON 20A. AUTOPSY? (Yes on Street, office bldg., INJURY OCCUR	No) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES tise to UNDERLYIN  OTHER SIG TO THE DISEASE O  19A-DATE C  21A-ACCID OR CONTRI DEATH (not)	ANTECEDENT CAUSE OR CONDITIONS, if he above cause (A) NG CONDITION last.  II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION 198. CO WAS PE ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner)	d death.)  S (B)	DN   20A. AUTOPSY? (Yes or NO   20 A. AUTOPSY? (Yes or NO   20 C. WHERE DID street, office bldg., NJURY OCCUR	No! 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES rise to UN DERLYIN  OTHER SIG TO THE DISEASE O  19A. DATE (  21A. ACCID OR CONTRI  DEATH (not)  21D. TIME  OF INJURY (APPROX.)	ANTECEDENT CAUSE OR CONDITIONS, if he above cause (A) NG CONDITION last.  II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION 198. CO WAS PE ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exominer)	d death.)  S (B)	DN 20A. AUTOPSY? (Yes or No obout 21 C. WHERE DID street, office bldg., INJURY OCCUR  RRED Not While At Work	No) 208. IF YES, WE IN CERTIFYING (If in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES rise to UNDERLYIN  OTHER SIG TO THE DISEASE O  19A. DATE ( OR CONTRI  DEATH (not)  OF INJURY (APPROX.)  22. I certifi	ANTECEDENT CAUSE OR CONDITIONS, if he above cause (A) GCONDITION last.  II NIFICANT CONDITIONS DEATH BUT NOT REIL RONDITION CAUSING OF OPERATION 198. CO WAS PEENT WAS UNDERLYING CAUSE OF fy medicol exominer)  (Month) (Doy) (Year Tythos) (Month) (Doy) (Year Tythos) Cause Of the condition of the cause of	d death.)  S (B)	DN   20A. AUTOPSY? (Yes on No	No) 208. IF YES, WE IN CERTIFYING  (If in Bolting)  (If in Bolting)	RE FINDINGS CONSIDERED CAUSES OF DEATH?  more City, give exact locotion)
DISEASES rise to UNDERLYIN  OTHER SIG TO THE DISEASE O  19A. DATE ( OR CONTRI  DEATH (not)  OF INJURY (APPROX.)  22. I certifi	ANTECEDENT CAUSE OR CONDITIONS, if he above cause (A) NG CONDITION last.  II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION 198. CO WAS PE ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exominer)	d death.)  S (B)	DN   20A. AUTOPSY? (Yes on No	No) 208. IF YES, WE IN CERTIFYING  (If in Bolting)  (If in Bolting)	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES rise to UNDERLYIN  OTHER SIG TO THE DISEASE O  19A-DATE ( OR CONTRI DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif that (I) (w.	ANTECEDENT CAUSE  OR CONDITIONS, if he above cause (A) G CONDITION last.  II NIFICANT CONDITIONS DEATH BUT NOT RELEVANT CONDITION CAUSING OF OPERATION 198. CO WAS PERIOR (Month) (Doy) (Year Month) (Doy) (Doy) (Doy) (Doy) (	d death.)  S (B)	DN   20A. AUTOPSY? (Yes on No	No) 208. IF YES, WE IN CERTIFYING  (If in Bolting)	RE FINDINGS CONSIDERED CAUSES OF DEATH?  more City, give exact locotion)
DISEASES rise to UNDERLYIN  OTHER SIG TO THE DISEASE O  19A-DATE ( OR CONTRI DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif that (I) (w.	ANTECEDENT CAUSE  OR CONDITIONS, if he above cause (A) NG CONDITION last.  II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING OF OPERATION 198. CO WAS PE ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exominer)  (Month) (Day) (Year  Ty that (1) (this hospite b) last saw the decease and from the causes stand	d death.)  S (B)	DN   20A. AUTOPSY? (Yes or No. 1974 (e.g., in or obout 21 C. WHERE DIE street, office bldg., INJURY OCCUR  RRED   21F. HOW DID   At Work   At Work	No) 208. IF YES, WE IN CERTIFYING  (If in Bolting)	RE FINDINGS CONSIDERED CAUSES OF DEATH?  more City, give exact locotion)
DISEASES rise to UNDERLYIN  OTHER SIG TO THE DISEASE O  19A-DATE ( OR CONTRI DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif that (I) (w. and haur a	ANTECEDENT CAUSE  OR CONDITIONS, if he above cause (A) GONDITION last.  II NIFICANT CONDITIONS DEATH BUT NOT REIR CONDITION CAUSING OF OPERATION 198. CO WAS PEENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner)  (Month) (Day) (Year of the causes stand from the causes stand and from the cause s	d death.)  S  (B)  DUI  any, giving stating the (C)  CONTRIBUTING ATE  IT.  NDITION FOR WHICH OPERATION  Proceeding form, foctory, etc.)  (Hour)  (Hou	DN 20A. AUTOPSY? (Yes on Not While At Work 19 21F. HOW DID 19 21F. HOW DID 21F. How	No) 208. IF YES. WE IN CERTIFYING  (If in Bolting) (If in Bolting) (If in Bolting) (Our)  that in (my) (Our)	RE FINDINGS CONSIDERED CAUSES OF DEATH?  There City, give exact locohon)  Tule: 25 15  aplinlan death accurred an
DISEASES rise to UNDERLYIN  OTHER SIG TO THE DISEASE O  19A-DATE ( OR CONTRI DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif that (I) (w. and haur a 23A. SIGNAT)	ANTECEDENT CAUSE  OR CONDITIONS, if he above cause (A) IG CONDITION last.  II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING OF OPERATION 198. CO WAS PE ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exominer)  (Month) (Doy) (Yeor  Ty that (1) (this hospite b) last saw the decease and fram the causes struck  INFE	d death.)  S  (B)  DUI  any, giving stating the (C)  CONTRIBUTING ATE  IT.  NDITION FOR WHICH OPERATION  Proceeding form, foctory, etc.)  (Hour)  (Hou	DN   20A. AUTOPSY? (Yes or No.   20A. AUTOPSY? (Yes or No.   20A.   20A.	No) 208. IF YES, WE IN CERTIFYING  (If in Bolting) (If in Bolt	RE FINDINGS CONSIDERED CAUSES OF DEATH?  There City, give exact locohon)  Tule: 25 15  aplinlan death accurred an
DISEASES rise to UN DERLYIF  OTHER SIG TO THE DISEASE O  19A. DATE ( OR CONTRI DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif that (1) (w. and haur a  23A. SIGNA	ANTECEDENT CAUSE  OR CONDITIONS, if he above cause (A) IG CONDITION last.  II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING OF OPERATION 198. CO WAS PE ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exominer)  (Month) (Doy) (Yeor  Ty that (1) (this hospite b) last saw the decease and fram the causes struck  INFE	d death.)  S  (B)  DUI  any, giving stating the (C)  CONTRIBUTING ATE  IT.  NDITION FOR WHICH OPERATION  Proceeding form, foctory, etc.)  (Hour)  (Hou	DN   20A. AUTOPSY? (Yes of Not While   At Work   19   65 and id not ) view the bady after deal   A.D. Attending   Med. Phys.   23D. ADDRESS	No) 208. IF YES. WE IN CERTIFYING  (If in Bolting) (If in Bolting) (If in Bolting) (Our)  that in (my) (Our)	RE FINDINGS CONSIDERED CAUSES OF DEATH?  There City, give exact locohon)  Tule: 25 15  aplinlan death accurred an
DISEASES rise to UNDERLYIN  OTHER SIG TO THE DISEASE O  19A-DATE (  OR CONTRI DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif that (I) (w. and haur a  23A. SIGNAT  23C. PHYSIC NAME	ANTECEDENT CAUSE  OR CONDITIONS, if he above cause (A) IG CONDITION last.  II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING OF OPERATION 19R. CO WAS PEENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner)  (Month) (Day) (Year of the causes structure of the cause of the causes structure of the cause of the	d death.)  S  (B)  DUI  any, giving stating the (C)  CONTRIBUTING ATED TO THE INDITION FOR WHICH OPERATION RFORMED  21B. PLACE OF INJU home, form, foctory, etc.)  (Hour)  21E. INJURY OCCUP While At Work  Work  Any bers  Any bers	DN   20A. AUTOPSY? (Yes or No.   20A. AUTOPSY? (Yes or No.   20A.   20A.	No. 208. IF YES, WE IN CERTIFYING  (If in Bolting)  (If i	RE FINDINGS CONSIDERED CAUSES OF DEATH?  There City, give exact locohon)  21. 25 15  paper land death accurred and 2/25/6  Ballimere
DISEASES rise to UNDERLYIN  OTHER SIG TO THE DISEASE O  19A-DATE ( OR CONTRI DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif that (I) (w. and haur a 23A. SIGNAT)	ANTECEDENT CAUSE  OR CONDITIONS, if he above cause (A) IN CONDITION I I I I I I I I I I I I I I I I I I	any, giving any, giving stating the (C)  CONTRIBUTING ATED TO THE IT.  NDITION FOR WHICH OPERATION forms, form, foctory, etc.)  (Hour) 21E. INJURY OCCUP While At Work  ated above. (I) (We) (did) (did)  Am bers	DN   20A. AUTOPSY? (Yes or No.   20A. AUTOPSY? (Yes or No.   20A.   20A.	No) 208. IF YES, WE IN CERTIFYING  (If in Bolting) (If in Bolting) (If in Bolting) (OUT)  that in (my) (OUT)  the Stoff Phys.   LOCATION	RE FINDINGS CONSIDERED CAUSES OF DEATH?  There City, give exact locohon)  Tule: 25 15  aplinlan death accurred an

Red Hourse Church Cemetery

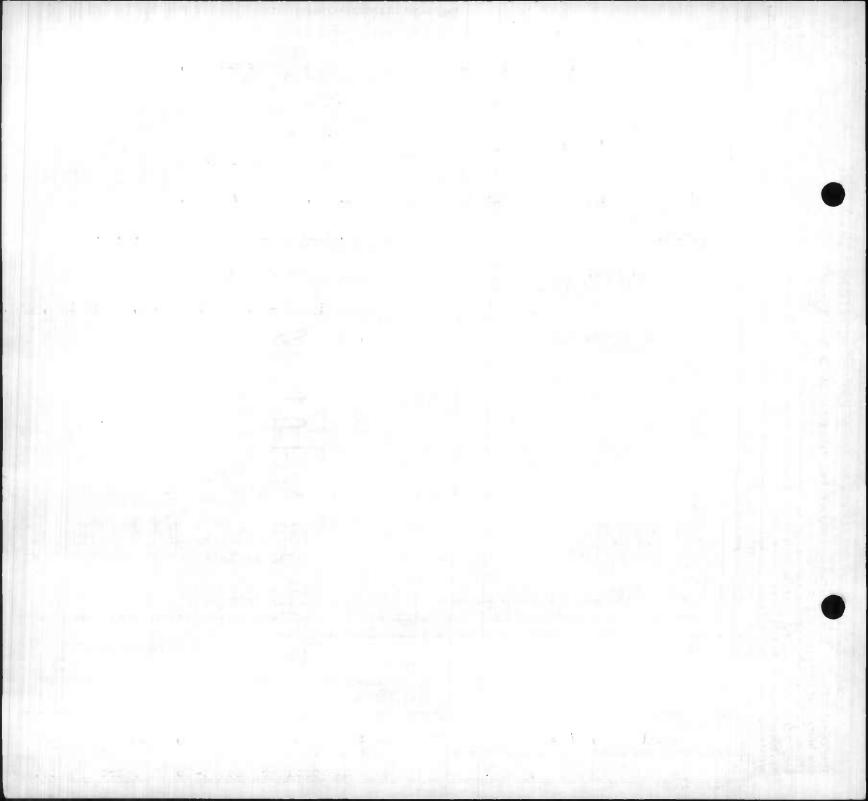
258. NAME OF REGISTEAR

Poles E. Funeral Directo

Ellsworth Burial 2/27/65 1965

Semora, North Carolina Ellsworth Armacost-4600 Liberty Hights. Ave

VS 150-REV. 1/1/65

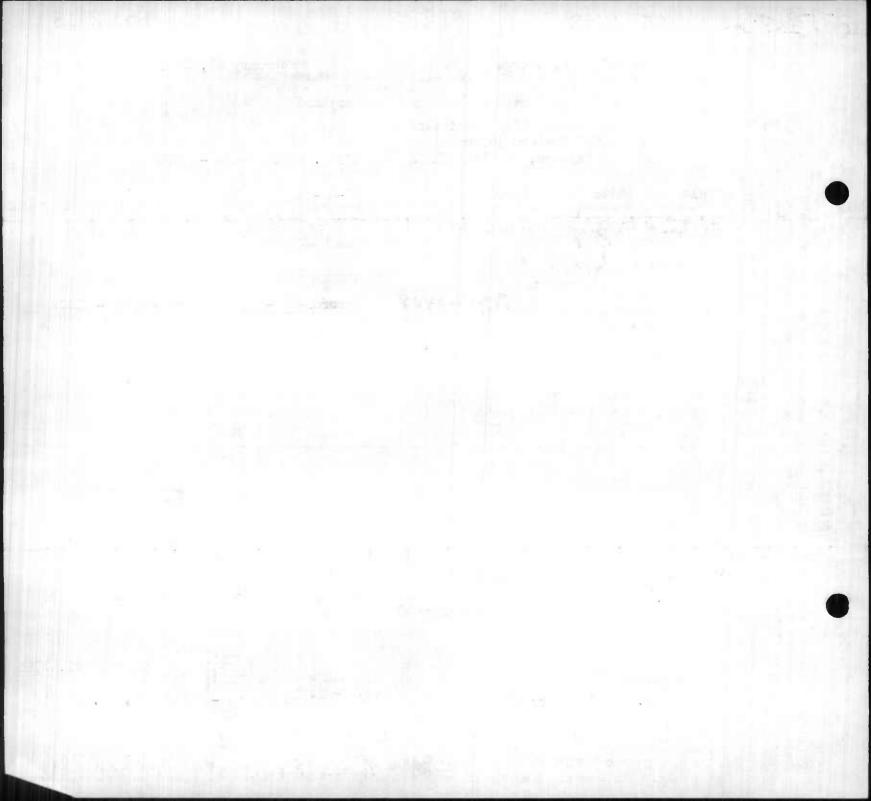


VS 150-REV. 1/1/65

FEB 25 1965

		Y HEALTH DEPARTMENT
	BIRTH NO. 65 2118 CERTIFICA	ATE OF DEATH Registered No. 65 2118
i	M.E. CASE NO.  I.NAME OF DECEASED  Type or Pant)  Cookingham, George	February 21, 1965 2 A N
3	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)
,	Baltimore City Hospitals 4940 Eastern Avenue	Baltimore
	Baltimore, Maryland 21224	D. STREET ADDRESS (If rurol, give locotion)  523 S. East Avenue – 21224
5	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	102. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)  Lettred Employee Ruelwood	
1	Theodore leaflingham	14. MOTHER'S MAIDEN NAME
1	15. Wos Deceased Ever in U. S. Armed Forces?  Yes, no or unknown) (If yes, give war or dotes of service)  16. SOCIAL  SECURITY NO.  717-67-9408	17. INFORMANT ADDRESS  Records—BCH-4940 Eastern Avenue - 21224
		OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ON SET AND DEATH
	(A) THE  (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. Il means the disease,	eumonia
	injury or complication which coused death.)	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving	
	rise to the obove couse (A) stoling the (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Soltimore City, give exact location) office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Work At Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this hospital) attended the deceosed from Ja that (I) (we) last saw the deceosed clive an February 21	45
	and hour and from the causes stated abave. (1) (We) (did) (did nat)	
	23A. SIGNATURE	23B. DATE SIGNED
	23C. PHYSICIAN'S	Hending Med. Stoff February 21, 1969
	Dr. Douglas Carroll M.D	4940 Eastern Avenue - Baltimore, Md. 21224
Kan	REMOVAL (Specify) 724/65 Mullulle	REMATORY 24D. LOCATION (City, town, or county) (Stote)
2	FFB 2.5 1965 P. D. B. S. Jane OF SEGISTAR	25G. FUNERAL DIRECTOR ADDRESS ADDRESS AND THE STATE OF TH
1	FED / at 1300 Ht. Van 11 C. NORSON	TATALAN ISTALLANDER

and hour and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23B. DATE SIGNED Attending Phys. Med. Director Stoff Phys. M.D. February 21, 1965 23D. ADDRESS Dr. Douglas Carroll M.D. 4940 Eastern Avenue - Baltimore, Md. 21224 OF CREMATORY ADDRESS



FUNERAL DIRECTOR: IMPORTANT	- (
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	d in a hospital and ing cause of death cause; (5) Deceased attendance on the rior to death. Such

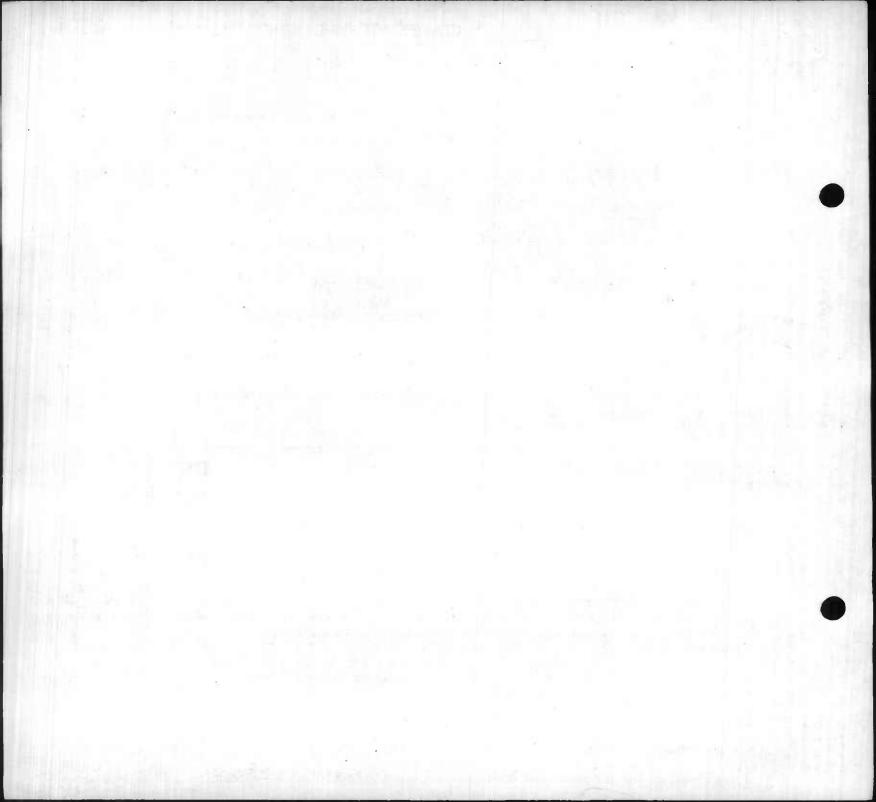
	2110		BALTIMORE CITY	HEALTH DEPA	RTMENT		CIE	0440	
BIRTH NO. 65	2119		CERTIFICA	TE OF D	EATH	Registered N	0. 00	2119	
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	SAUERS	,	HARRY EDW		2. DATE AND	HOUR OF DEARUARY 2	тн 5,196	5 8:20	AM
HOSPITAL OR O	f not in hospitol or in ddress or locotion)  HOSPITAL		ive street	A. STATE MARYI C. CITY OR TO BALTIN	LAND WN (If outsi	deceosed lived.	f institution:	residence before od	
5. SEX MALE 6. RACE			ARATED (specify)	8- 23-9	TH 9.	AGE (In years st birthdoy)	If Und	er 1 Yr. II Under Doys Hours	24 Hrs. Min.
done during most of working li GLASS WORK	fe, even if retired)		BUSINESS OR INDUSTRY		YLAND	country)	12. CIT WH	USA	
	LES SAUERS			14. MOTHER'S	FLORENC				
15. Was Deceased Ever in (Yes, no or unknown) (II yes, NO	U. S. Armed Forces? give wor or dotes of	service)	16. SOCIAL SECURITY NO. 216055196	ST AGN		PITAL CA	TON &	WILKENS	AVE
LEADIN (This does not mean heart failure, asthenic injury ar camplication	n, elc. Il means the which caused dea DENT CAUSES  NDITIONS, if any, e cause (A) statement of the course (A) statement of the conditions control of the conditions conditions control of the conditions control of the conditions conditions conditions control of the conditions conditions control of the conditions conditions control of the conditions conditio	ng, e.g., disease, th.) giving ling the	(C)	ehe zi	alv.	es to		ONSET AND DEA	ATH
19A. DATE OF OPERAT			VHICH OPERATION	20A. AUTOPS	NO NO	20B. IF YES, WE	RE FINDING	S CONSIDERED DEATH?	
OR CONTRIBUTING DEATH (notity medical	CAUSE OF	21B. home	PLACE OF INJURY (e.g., i e, lorm, loctory, street, o	fice bldg., INJUR	HERE DID Y OCCUR?	(If in Boltin	more City, gi	ve exoct locotion)	
	(Doy) (Year) (H		INJURY OCCURRED  Not While At Work		DINI DID WO	RY OCCUR?			
that (I) (we) last so	22. I certify that (I) (this hospital) attended the deceased from FEB 21 1965 to FEB 25 19 that (I) (we) last saw the deceased alive on FEB 25 and that in (my) (our) opinion death accurred on the and hour and from the causes stated abave. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE								65 the date
	M.D. Attending Med. Stolf Phys.								
23C. PHYSICIASE'S NAME TO S	Stroll	US.	elly M.D.	23D. ADDRESS	agne	e fli	Spit	tal.	
24A. BURIAL CREMATION REMOVAL (Specify)		Zac. NA	ME CEMETERY of CR	MATORY	24D. LO	/	/	or county)	(Stote)
BURIAL	3/1/65		JDON PARK CEM		Contract to the second	BALTIMORE	, MD.		
FEB	26 1965 R	Per B	E Farley M.A.		AL DIRECTOR HUBI	BARD FUN	ERAL HO	ME WILKENS A	VF
VC 150 DEV 1/1/45		-		30.00					

TT . TV 

FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

			BALTIMORE CITY	HEALTH DEPARTM	ENT	OF O	100
BIRTH NO.	65 2120		CERTIFICA	TE OF DEA	TH Registered	No. 65 2	120
NAME OF			ELIJAH LEE	T. REED 2. C	ATE AND HOUR OF DEA	ATH	
Type at Print)	ELIJAH	NEE	D		2/24/63	17:0	7 PM
PLACE OF	DEATH IN BALTIMORE, MA	RYLAND			CE (Where deceased lived.	If institution: residence b	relare admission)
FULL NAM	E OF (If not in hospital	or institution of	aug shoot		MANYLAND	28-	04
HOSPITAL O	OR address ar lacotio		ive sireer	C. CITY OR TOWN		rite RURAL and give taw	nship)
	HERAN H	ACDITA	L NE	BA	MITIMORE		
, ,,			0,	D. STREET ADDRESS	(If rurol, give location	)	
	MD.			4603	MANON DE	NE ROA	TD
S. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Manths Doys H	If Under 24 Hrs.
M	W		LICIED	3-7-97	72		
	CCUPATION (Give kind of wor			11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN OF WHAT COUN	ITDV2
RETIRE	t of working life, even if retired)  ED (TRANS)	RET	STANDARD	I-SA	e m	USA	
3. FATHER'S	(	100 1	OIL	14. MOTHER'S MAIL	DEN NAME	021	
	N REED			ATTITUTE	ET CON		
	Sed Ever in U. S. Armed Fo	100.07	1 6. SOCIAL	ANNIE N	ELSON	ADDRES	
es, no or unkn	own) (If yes, give wor or dot	es of service)	SECURITY NO.		H C. REED AGE	03 MANORDENE	
NO			579011352	CH	XRT 400	US MANUKUENE	RD. 2122
1B. 11 C	3XI		CAUSE O	F DEATH			ND DEATH
DIS	EASE OR CONDITION DI	RECTLY	D		D 1		No beath
(This doe	LEADING TO DEATH	duine on		UNOCCKL	PNEUMON	JIA	***********
heart failt	s not mean the mode of are, osthenio, etc. It means	the disease,	DUE TO				
injury or	complication which coused						
	ANTECEDENT CAUSES		DUE TO				1-0-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	OR CONDITIONS, if						
	The above cause (A)	sloling ine	(C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			**************************************
	11						
OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING					
TO THE	DEATH BUT NOT RELI OR CONDITION CAUSING	ATED TO THE	PULMONA	M EMPH	HYSENA! (	COR PULN	MONALE
	OF OPERATION 198. CON	NDITION FOR W	HICH OPERATION	20A. AUTOPSY?	es ar Not 20B. IF YES, WI	ERE FINDINGS CONSIDE	
U 121A. ACCI	RIBUTING CAUSE OF		PLACE OF INJURY (e.g., i	fice bldg., INJURY OC	E DID (II in Bolti	imore City, give exact lo	cotion)
DEATH (n	otily medical examiner	etc.)					
21D. TIME	(Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURRED	21 <b>F. HOW</b>	DID INJURY OCCUR?		
OF INJUR		Whil	e At Not While	е			
00 1				7 7.7		2 - 3/1	1-5
	ify that (I) (this hospita		_	2-1-	19 U.S. to	2-4	19 65
that (I)	we last saw the deceas	ed alive an	2-14	19.62	and that in (my) (aur)	apinian death accurr	ed on the date
and haur	and from the causes sta	ited abave. (1)	(We) (did) (did not) v	iew the bady after	death.		
23A. 11GN	ATURE				/	238, DATE SIGNED	,
re	nag Il.	Ish h		s. Med.	Stoff Phys.	2/211	165
23C. PHYSI	CIAN'S RENATO	R. ESPIN	0	23D. ADDRESS		1 1	10
TUE	NATO 1.	ESPI	NA M.D.	LUTHER	AN HOSP.	OF K	1D.
	CREMATION, 24B. DATE	24C. NA	ME of CEMETERY of CR		24D. LOCATION	(City, town, or caunty)	(Stote)
	AL (Specily)	5 140	IMIR OTTERED OF	Allem 19757			
BURI	AL 2/27/6 C'D BY HEALTH DEPT.		UNT OLIVET CH	METERY 25C. FUNERAL D	BALTIMORE,	MD.	2239
JOHN SPRIE RE	FFB 26 1965	25B. NAME O	E Fally M.D.		HUBBARD 410		
10.100	1 LD D V 1300	الالإلالالالالالالالالالالالالالالالالا	a) 4000	110 11100 111	1.020	,	
/\$ 150-REV. 1	/1/05				- 1 3		

SAN TIMERE Ti unity of mile intro-TRATE STAR W TA AHO Parameter Section 1 PLANTAGE EMPHYSEMA CO. may C. H. and Shi TO MASK MARKETUS SAFERS IN STANSOIT

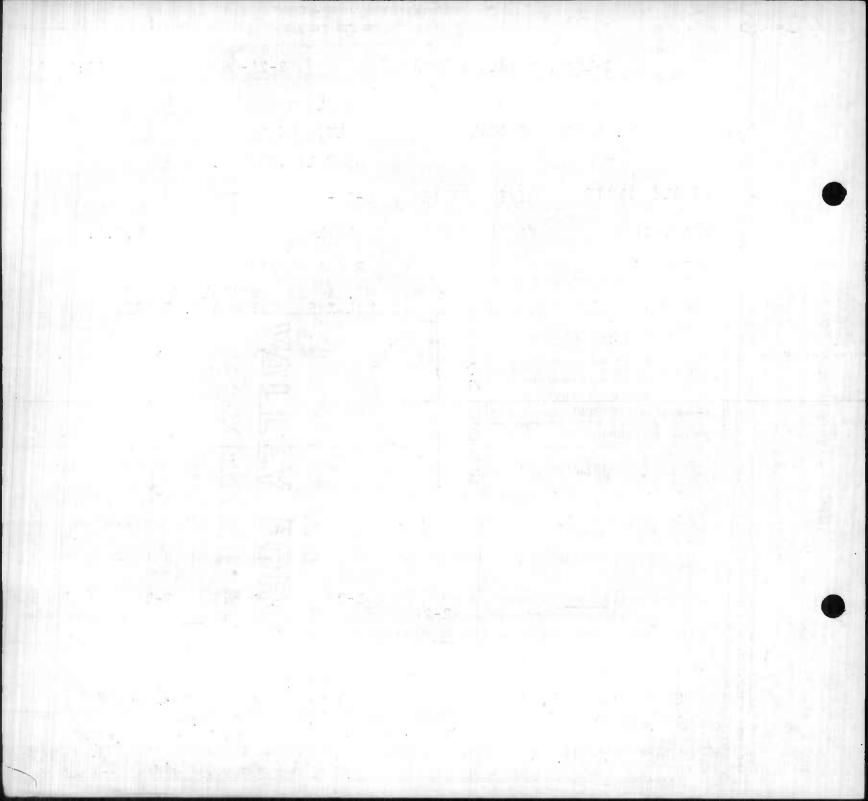


1965

VS 150-REV. 1/1/65

Such

				BALTIMORE CITY	HEALTH	DEPARTMENT		
M.E	CASE NO.	2122		CERTIFICA	TE C	F DEATH	Registered Na.	65 2122
	AME OF DECEASE						ID HOUR OF DEATH	
				LENE ANNE			1-65	12:15 A M.
3. 1	PLACE OF DEATH I	N BALTIMORE, MAI			A. STAT	B. COUN	re deceosed lived, If i ITY	institution: residence before odmission)
1	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital a oddress or location	)		c. CITY	OR TOWN (IF OU	tside city limits, write	RURAL ond give township)
1	ST	r. AGNES	HOSPI	TAL		LTIMORE 2	Turol, give locotion)	
						38 LINDSA		
5. S	EX 6. R/	ACE		D, NEVER MARRIED		OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	FEMALE V	VHITE		ED, DIVORCED (specify)  R MARRIED	0-2	1-44	lost birthdoyl	Months Doys Hours Min.
				OF BUSINESS OR INDUSTRY		IPLACE (State or fore	ign country)	12. CITIZEN OF
	during most of working		REAV	TY SHOP	MA	DVI AND		WHAT COUNTRY?
	BEAUTICIA FATHERS NAME	414	DET V	7 - 77		RYLAND HERS MAIDEN NA	MF	U.S.A.
	ARTHUR	00250	N			ODA WARFI		
15.	Was Deceased Ever	in U. S. Armed Ford	es?	1 6. SOCIAL	17. INFO	RMANT		ADDRESS
1	JNKNOWN	es, give wor or dote	of service	SECURITY NO.			SPITAL RE	
-	18. 4 G	A1 1		⊕ l∉CAUSE O			TON AVE.	INTERVAL BETWEEN
	1 of 10/1	E CONDITION DIR	ECTLY.	in in		100		ONSET AND DEATH
		DING TO DEATH	ECILI	W \ B m		andete	· ·	
		nean the mode of			800	<u>and</u>		4
		enia, etc. Il means ilion which caused		APP				
	ANTE	CEDENT CAUSES		( ) (B)			***********	
	DISEASES OR C	CONDITIONS, if	anv givin	BUE TO				
	rise to the of	bove couse (A)		· E 2				
	UNDERLYING CO	ONDITION last.		3/1/2				
-		11	79.4	TI SEE				
ATION	TO THE DEATH	NT CONDITIONS C BUT NOT RELA IDITION CAUSING I	TED TO 1	110				
	19A. DATE OF OPE	RATION 198. CON	DITION FOR	WHICH OPERATION	20 A.	AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	8	WAS PERF			1	Yes		
CAL C	OR CONTRIBUTION DEATH (notify med		ho	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of ic.)			(If in Boltime	re City, give exact location)
Dia		onth) (Doy) (Year)	(Hour) 21	E INJURY OCCURRED		21 F. HOW DID INJ	URY OCCUR?	
×	(APPROX.)			Vhile At Not While			4	
	22 Leartify that	(I) (this hospital		the deceased from	2-	20	19 65 to	2-21 19 65.
		saw the decease						vinion deoth occurred on the date
	-						of in(my) (our) op	ornion death occurred on the date
		m the couses stat	ed obove.	(I) (We) (did) (did not) v	iew the	body ofter deoth.		
	23A. SIGNATURE	- 11 1	0//	1		44-4	S. #	23 B, DATE SIGNED
	there (	2 Neilee	JA	M.D. Atte	ending	Med. Director	Phys.	2-21-65
	PHYSICIAN'S NAME Llype)	V = /=			23 D. ADD	RESS	2 -	
	HENRY F	HERBERT	, JR	M.D.	10	00 5. 0	alon Or	4.#29
244	BURIAL CREMAT		24C.	NAME OF CEMETERY OF CRE	MATORY	24D. L	OCATION (C	City, town, or county) (State)
	PEMOVAL (Special	7-24-	15	Y low Bart	Cen	elera	Ballina	re mo.
0.0	- Car	L 7"	000		10.00		A	1000



BIRTH NO.

VS 150-REV. 1/1/65

IMPORTANT

FUNERAL DIRECTOR:

65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

township)

Hours !

WHAT COUNTRY?

ADDRESS

or county)

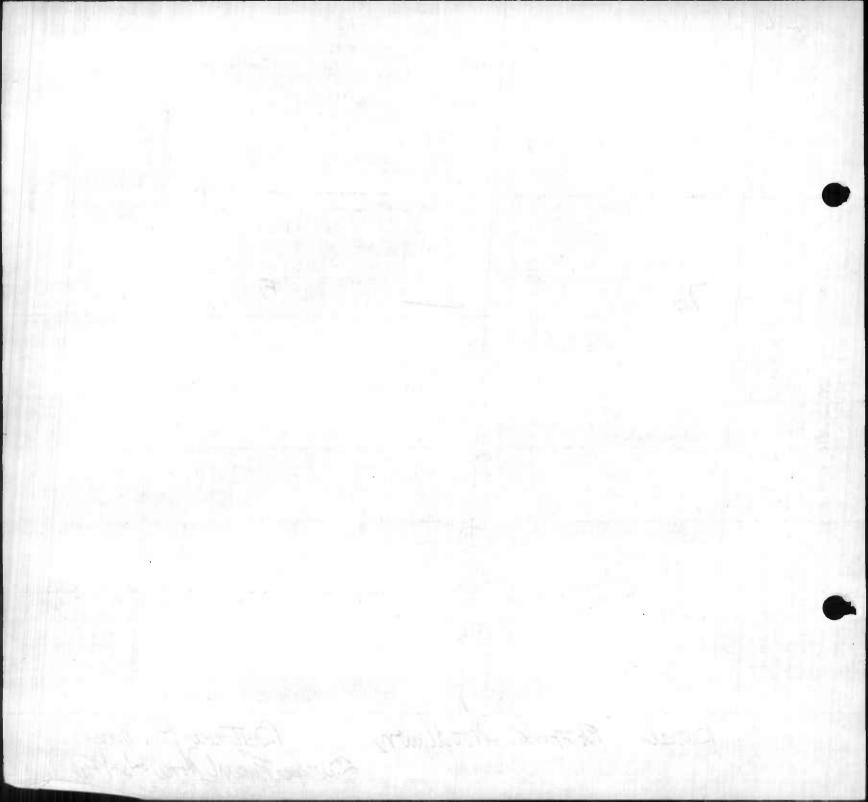
ADDRESS

(Stote)

INTERVAL BETWEEN

ONSET AND DEATH

If Under 24 Hrs.



was D.O.A.

a hospital and

on the Such

attendance

death.

prior

BIRTH NO.

5. SEX

MALE

(Type or Print)

M.E. CASE NO.

FULL NAME OF HOSPITAL OR INSTITUTION VETERANS A

13. FATHER'S NAME

ROBERT ANDREE

REMOVAL (Specify)

VS 150-REV. 1/1/65

Burial 2-24-65

25A. DATE REC'D BY HEALTH DEPT. | 25B. | FEB 2 6 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 | 1965 |

3. PLACE OF DEATH IN BALTIMORE MARYL

3900 LOCH RAVEN BLVD.

CARPENTER-RETIRED

BALTIMORE. MARYLAND 2123

6. RACE

ANDREE, CHA

(If not in hospital or in

**ADMINISTRATION** 

CAUCASIAN IOA USUAL OCCUPATION (Give kind of work 108

BALTIMORE CITY	HEALTH DEPARTMENT	/ No.				
CERTIFICA	TE OF DEATH Registered No.	65 2124				
RLES ROBERT	FEBRUARY 20, 1965	8:00 P. M.				
ND stitution, give street	A. USUAL RESIDENCE (Where deceosed lived, If instit A. STATE B. COUNTY MARYLAND	hytion: residence before odmissian)				
HOSPITAL	C. CITY OR TOWN (If outside city limits, write RURAL and give township)  BALTIMORE  D. STREET ADDRESS (If rural, give location)					
.8	106 NORTH CURLEY STREET					
MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH 9/9/1895 9. AGE (In yeors lost birthdoy) 69	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?  U.S.A.				
719 213-05-4988	V.A.HOSPITAL, BALTIMORE, MD.	ADDRESS • 21218				
CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH				

. Wos Deceosed Ever in U. S. Armed Forces? 16. SO		ADDRESS
YES 10 6/18/19 213-	V.A.HOSPITAL,	BALTIMORE, MD. 21218
18. / 6.2   I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) METASTATIC CARCINO	MATOSIS DUE 6 MONTHS
(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the diseose, injury or camplication which coused death.)  ANTECEDENT CAUSES	PROBABLY PRIMARY I	D ADENOCARCINOMA
DISEASES OR CONDITIONS, if ony, giving tise to the obove cause (A) stoling the UNDERLYING CONDITION lost.	(C) MENINGIOMA	UNK.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH WAS PERFORMED		(o) 208. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	YES	208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE home, form, DEATH (notify medical examiner) 21 B. PLACE	OF INJURY (e.g., in or obout 21 C. WHERE DID foctory, street, office bldg., INJURY OCCUR?	(If in Boltimare City, give exact location)
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJUR (APPROX.) While At (Work)	Y OCCURRED 21F. HOW DID IN Not While At Work	JURY OCCUR?
22. I certify that () (this hospital) attended the decithot () (we) last sow the deceased alive on FEBR and hour and from the causes stated above. () (We)	eased from JANUARY 23 WARY 20 19 65 ond t	hat in (m) (aur) opinion death occurred on the d
23A. SIGNATURE	( Color ( Carrier of the Color	23B, DATE SIGNED
Lonard H. Gendasur	M.D. Attending Med. Director	Stoff Phys.
23C. PHYSICIAM'S NAME (Type)		S ADMINISTRATION HOSPITAL
HOWARD GENDASON	M.D. 3900 LOCH RAVE	N BLVD. BALTIMORE, MD.

E. BaltiMore

35: e e

2002

Andrew of English English to the English State of the Control of t

## regular or his assistant if IMPORTANT death physician who pronounced FUNERAL DIRECTOR: the chief medical examiner No physician was in regular This certificate must be approved by

deceased prior to death);

written

BURIAL

a hospital

was D.O.A. shows: (1)

the body was released

to death. Such

	BALTIMORE CITY	Y HEALTH DEPARTMENT				
BIRTH NO. 65 2125	CERTIFICA	TE OF DEATH	Registered No.	65 2125		
M.E. CASE NO.  1. NAME OF DECEASED Catherin	ie	2. DATE AND	HOUR OF DEATH			
(Type or Print) Pearl Taylor		Febr	uary 24. 19	965 8;00 A stitution: residence before admission		
3. PLACE OF DEATH IN BALTIMORE, MARYLANI		4. USUAL RESIDENCE (Where A. STATE B. COUNT)	deceased lived, If in	stitution: residence before admission		
FULL NAME OF HOSPITAL OR Oddress or locotion) INSTITUTION Baltimore Cit		Maryland c. CITY OR TOWN (If outside city limits, write RURAL and give township)				
4940 Eastern	Avenue	Baltimore 21223  D. STREET ADDRESS (If rural, give location)				
Baltimore, Ma	ryland 21224	1015 Lombard	Street			
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) WIDOWED	B. DATE OF BIRTH 9.	AGE (In years st birthday)	If Under 1 Yr. If Under 24 H Months Days Hours Min.		
IOA, USUAL OCCUPATION (Give kind of work 108, KI	ND OF BUSINESS OR INDUSTRY	5-23-95	( country)	12. CITIZEN OF WHAT COUNTRY?		
Housewife		ManykanderAdfor	n Pa	USA		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	0028		
(unknown) Kenny		(unknown)	Burns			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
y so, give wor or dates of se	none	RECORDS: BCH 494	O Factory	Arronno 2122/		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, heart failure, asthenia, etc. It means the disingury or complication which coused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoling UNDERLYING CONDITION tost.	seose, (B) Ur DUE TO	am Negative Sepsi inary Tract Infec				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED 1 DISEASE OR CONDITION CAUSING IT.	5					
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., i home, farm, factory, street, a etc.)	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	e City, give exact location)		
21D. TIME (Month) (Doy) (Year) (House Approx.)						
22. I certify that (I) (this hospital) attended the deceased from January 19, 19 65 to February 24, that (I) (we) lost saw the deceased alive on February 24, 19 65 and that in(my) (our) opinion death occurre and haur and from the causes stated above. (I) (We) (did) (did not) view the body ofter death.						
23A. SIGNATURE Del Carre	M.D. Att.	ending Med. S	taff hys.	2-24-65		
23C. PHYSICIAN'S NAME (Type) Dougl	as Carroll M.D.	23D. ADDRESS 4940 Eastern Av	enue 21224			
24A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (Ci	ty, town, or county) [State]		

25A. DATE REC'D BY HEALTH DEPT. FEB 2 6 198 Palsey & Farbey M.A VS 150-REV. 1/1/65

2-26-65

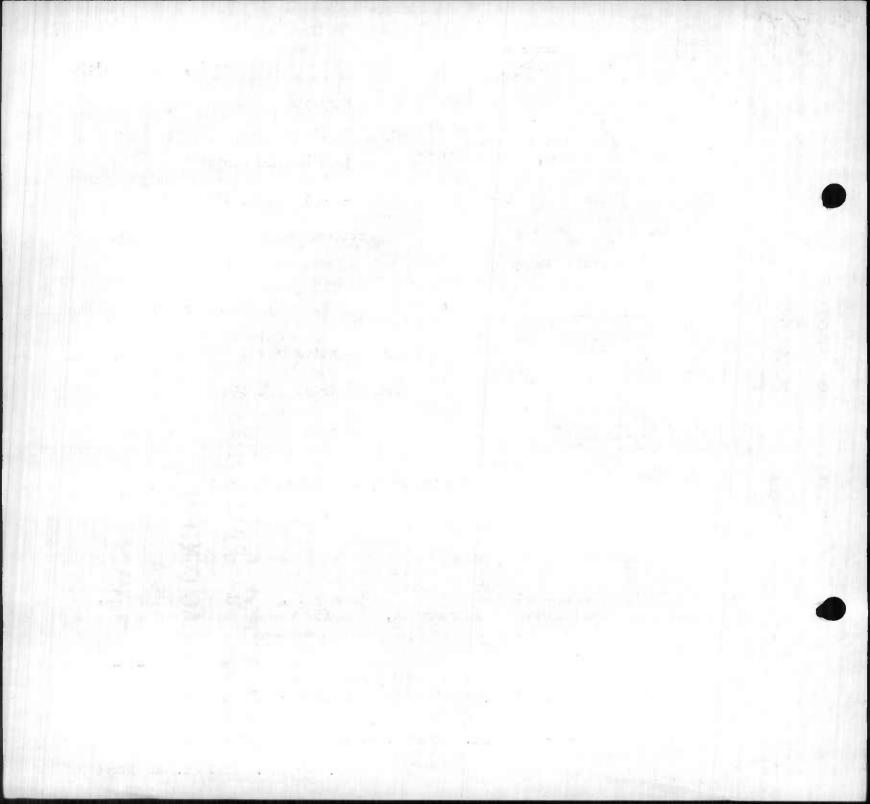
25C. FUNERAL DIRECTOR

Mt. Olivet Cemetery

ADDRESS

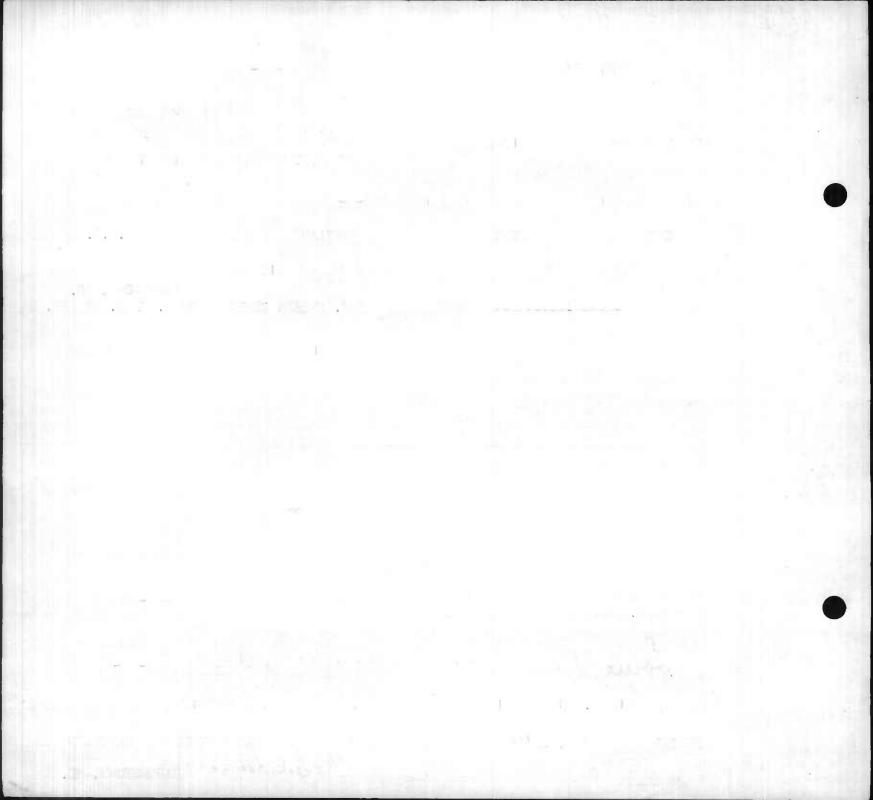
Wm.Cook, Inc., 1217 St.Paul Street, 21202

Baltimore



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	01	- 0400		BALTIMORE CITY	HEALTH DEPARTMENT		65 9490	
BIRT	H NO.	5 2126		CERTIFICA	TE OF DEATH	Registered Na	65 2126	
	CASE NO.	ASED		GERTITION.		AND HOUR OF DEATH		
	e or Print)		Attonia.				1	
3. P	LACE OF DEA	THE IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (V	23-65 Where deceased lived. If in DUNTY	stitution: lesidence before admission)	
H	ULL NAME OF OSPITAL OR ISTITUTION	(If not in hospital oddress or location		pive street	MARYLAND		RURAL and give township)	
T	HE JOHN	S HOPKKNS H	OSPITAL		D. STREET ADDRESS	(If rurol, give location)		
					607 WEST WA	ASHINGTON STE	REET	
5. S	EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.	
				, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.	
IOA.	USUAL OCCU	PATION (Give kind of work	10B, KIND OF	R MARRIED BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF	
		rorking life, even if retired)				,	WHAT COUNTRY?	
	NONE		NONE		MARYLAND		U.S.A.	
13. F	ATHER'S NAM	E			14. MOTHER'S MAIDEN I	NAME		
	JACK E	UGENE CURRY			FRIEDA MARI	IF SEATON		
15. V	Vas Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
(Tes		(If yes, give wor or dote	s of service	SECURITY NO.			ERSTOWN, MD.	
	NO			NONE CAUSE O	MRS, FRIEDA	CURRY 607 W	NASH. ST APT. 2	
	7-1-	3 X		CAUSE	T DEATH		ONSET AND DEATH	
		E OR CONDITION DIR LEADING TO DEATH	ECILY		PNEUMONIA		1 DAY	
		ot mean the made of	dying, e.g.,	DUE TO	PINEUMUNIA		1. DAY	
	heart failure, o	asthenia, etc. 11 meons plicotian which coused	the disease.					
	A							
		DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)						
		CONDITION lost.	orening me	( 6)		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	44 40004	
		П						
Z O		ICANT CONDITIONS C						
ATION		ATH BUT NOT RELA CONDITION CAUSING I						
CERTIFIC	19A. DATE OF	OPERATION 198. CON		VHICH OPERATION	YES YES	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
CER	21 A. ACCIDEN	T WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DIE	O (If in Boltimore	e City, give exact location)	
AL.	OR CONTRIBU	TING CAUSE OF	hom etc.)	e, form, foctory, street, o	ffice bldg., INJURY OCCUR	?		
일	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F HOW DID	INJURY OCCUR?		
	OF INJURY	(Months (Doy) (Teon		le At \rightarrow Not Whi		INJURI OCCUR.		
	(APPROX.)		Wor					
	22. I certify	that (1) (this haspital	) attended th	ne deceased from	2-22-65	19	23_65	
	that (I) (we)	last saw the decease	d alive on	2-23-65	19and	d that In(my) (aur) api	nian death accurred an the date	
	and haur and	from the causes stat	red abave. (1	) (We) (did) (did nat) ·	view the bady after dea	th.		
	23A. SIGNATURE						23B. DATE SIGNED	
	AMUI MARIUNI M.D. Attending Phys.					Stoff Phys. X	2-23-65	
	23C. PHYSICIAL	N'S	quien		ending Med. Director 23D. ADDRESS			
	NAME (Ty		105111	M.D.	10.1110			
244	BURIAL CREA	OUIE G. LINA		AME of CEMETERY of CR		LOCATION (C	ity, town, or county) (State)	
244	REMOVAL (S		240. NA	THE OF CENTETERS OF CR	241	. LOCATION (C	ny, is wit, or coomy/ (store)	
	BURTAL	FEB. 2	6/65 R	OSE HILL CEME	TERY	HAGERSTOWN	MARYLAND	
25A	. DATE REC'D	BY HEALTH DEPT.	28B. NAME C	F EGISTRAR	TERY 25C. FUNERAL SIREC	TOR	ADDRESS	
	-	FR % 0 1300	Mariel	C' Alchien w	(hadson	Karyer HI	AGERSTOWN MD.	
VS	150_REV 1/1/6	5						

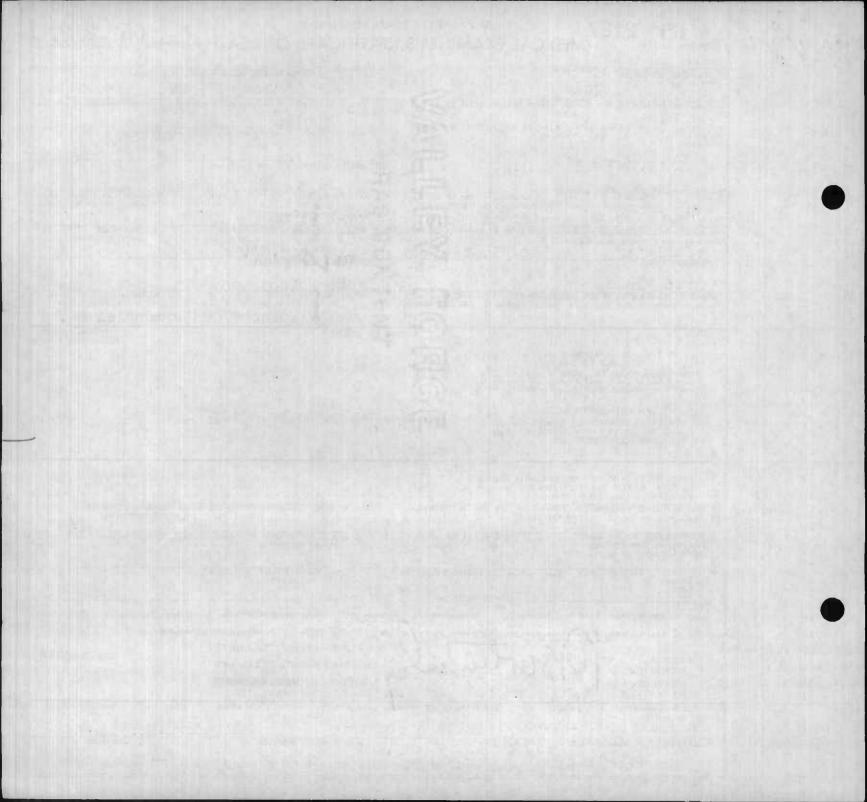


B-420 BIRTH NO.
M.E. CASE NO.

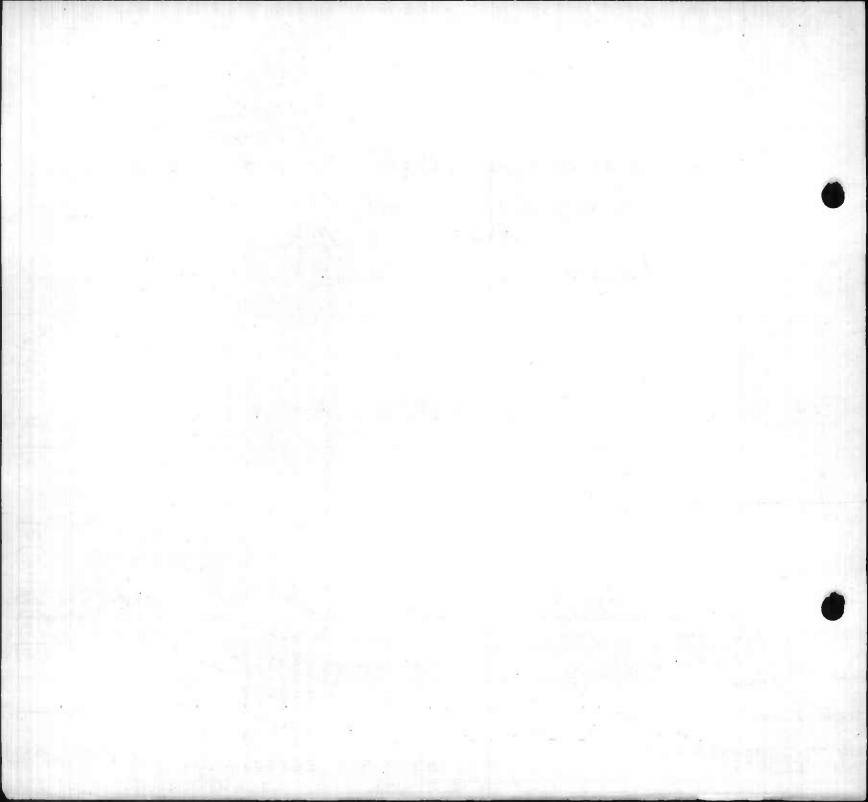
197	BALTIMORE CITY	HEALTH DEPARTMEN

65	9400	
DO.	2127	

BIR	TH NO.	WED	ICAL EX	AMINER'S C	ERTIFICAT	E OF D	EAIH Registe	red No		~ "
	E. CASE NO.									
l. (Ty	pe or Print)	CLYDE		BLAKE			ry 24, 196		12.20	D P. M.
3.	PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOL		4. USUAL RESID	ENCE (Where de	eceased lived. If insti B. COU	itution: resid	dence before	odmissian
						vland	B. COU	INTY		
	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	ITION, GIVE STREET			corparate limits, write	RURAL ar	nd give tawn	ship)
IN:	NOITUTITE				77 - 7	4. 1		2	0/	
	26 S	. Washington	Street		D. STREET ADDR	RESS (If rurol, g	ive location)			
					26	S. Washi	ngton Stre	et		
5.	SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under	1 Yr. If Un Doys , Hou	
	Male	White		or married	Nov-20-	1906	58	TOTO HIS	1100	13 141111
			k 10B. KIND OF	BUSINESS OR INDUSTR			country)	12. CITIZE		(2
	Brickla	vorking life, even if retired)	Rethl	.Steel Co	Paltin	ore. Md		WHA	T COUNTRY	
	FATHER'S NAN		12/00022		Paltin 14. MOTHER'S M.	AIDEN NAME	•			
	Fred B	lake			Irene E	ot.t.oms	t.one			
	WAS DECEASE	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	00000110	00210	ADDRESS		
116	s, na orunknown	it yes, give wor or date	es of service)	JECORITI NO.	Dorothy	Posko	6700 Ger	menh.	111 B	3
-	1B.	6) 2		CAUS	OF DEATH	2 0 10210	0.00 001		INTERVAL	
	13.00	11/1							ONSET AN	D DEATH
	DISEAS	SE OR CONDITION DI LEADING TO DEATH	RECTLY	Cor Pr	ilmonale					
	heort foilure,	nat mean the mode of asthenia, etc. It meons application which caused	the disease.	(A) Cor Pt	TIMOHATE		• • • • • • • • • • • • • • • • • • • •			
	_	NTECENDENT CAUSI OR CONDITIONS, IF A		(B) Chron:	ic Pulmona	ry Emphy	sema.			
	RISE TO TH	E ABOVE CAUSE (A) S		DOE 10						
z		TO CONDITION EAST.		(C1		•••••				
임		II					THE WAY			
<u></u>	OTHER SIGI	NIFICANT CONDITIONS DEATH BUT NOT RE								
CERTIFICATION	DISEASE O	R CONDITION CAUSING	G IT.	180900000000000000000						
SE SE	19A. DATE OF		IDITION FOR	WHICH OPERATION	20 A. AUTOPSY		OB. IF YES, WERE FILL OF CAUSE			
A	100	L CAUSE WAS	21 R	PLACE OF INJURY (e.g.,	in as about 21C V	S OF S	in Baltimare City of	ve exect le	yes	5
MEDIC.	UNDERLYING UTING CAU	OR CONTRIB-	home etc.1	, fam, foctory, street,	affice bldg., INJURY	OCCUR?	The solutions only, gi	Ve exoci io	realion,	
ME	21D TIME		3 (4- 3 12	TE, INJURY OCCURRED	215 H	JULINI DID WC	O C C LL D2			
	OF INJURY	(Manth) (Day) (Yea			WHILE T	JW DID INJUI	a occor.			
			m. V	VHILE AT NOT	VORK			-		
	22.	tify that I held an I	Inquiry 🗌	Inspection . Au	topsy x one	that on this	basis, death in m	ny apiniar	n	
	resul	ted fram: Notural ca	uses 🔀 A	ccident Duicio	le Hamici	de Ur	determined mann	er 🗌		
		1/0/	1 1	- //	CHIEF M	EDICAL EXA	MINER _			
	ACTUAL		next	Ma 11 Xun	ASSISTANT M	EDICAL EXA	MINER X		DATES	
	SIGNAT			M.L	ASSOCIATE M				2/24/6	55
	NAME (	Type) Rudig		enecker, M.D						
	MOVAL (Specify		23	C. NAME OF CEMETERY	OI CREMATORY	23 D. LO	CATION (City,	, town, or o	county)	(Stote)
	Burial	2-21	-05	Oaklawn Ce	metery		Paltimore	. Mary	land	
24	A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	AL DIRECTOR			DDRESS	
		FEB 26 1965	1 P.O.	5 E. Farbey M.O	W us	70	ushi 1005	7.	101	7. ,
Ve	151-REV. 1/1/		4000		Maller	Calra	isni 1005 (	Mind	alpe	vec,
4.5		~~								

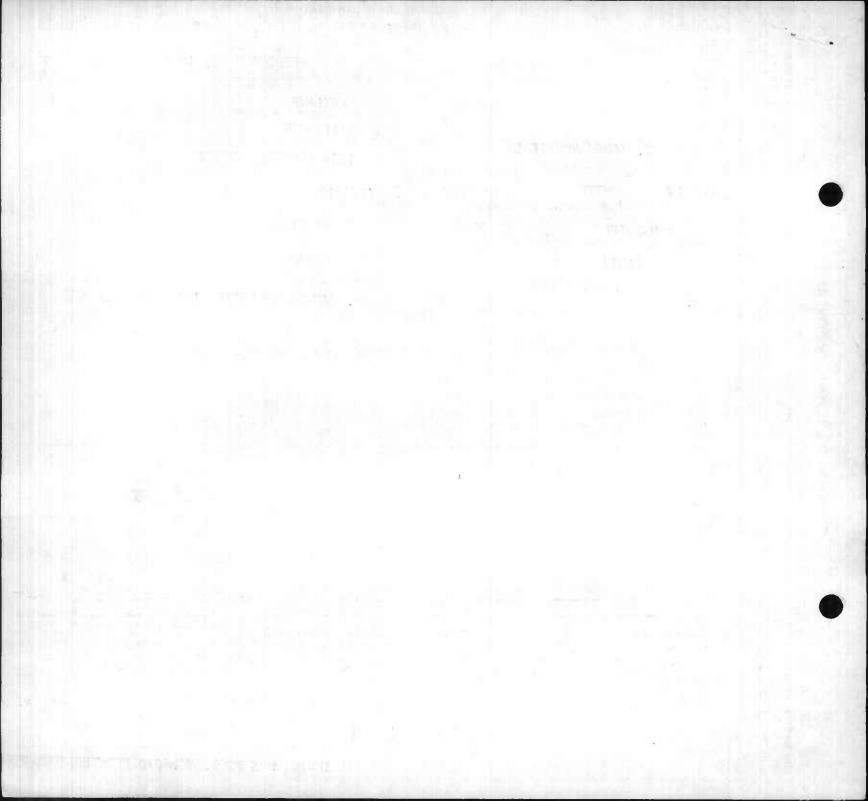


THE ALL OF DEATH IN SATURAGE MARTEN TO SC of the Control of the Co			BALTIMORE CITY	HEALTH DEPARTMENT		05 0100
DISASE OR CONDITION DIRECTLY  DISASE			CERTIFICA	TE OF DEATH	Registered No	65 2128
LEAGE OF DEATH IN BATLAGE, MARTIANS  FULL NAME OF CHARLES OF CHIEF A HOSE OF COUNTY OF CHARLES OF CHIEF OF CHIE	1. N	AME OF DECEASED	-0 //	2. DATE AN	ND HOUR OF DEATH	
FULL NAME OF MODIFICAL OR defense of location		DOOKER	il. Scott	2	-21-65	7:30 A.N
MOSPITAL OB  STEET ADDRESS  OF THE BOATTON FOR EACH OF ST.  STEET ADDRESS  OF THE BOATTON FOR EACH OF ST.  S. STEET ADDRESS  OF THE BOATTON FOR EACH OF ST.  S. STEET ADDRESS  OF THE BOATTON FOR EACH OF ST.  S. STEET ADDRESS  OF THE BOATTON FOR EACH OF ST.  S. STEET ADDRESS  OF THE BOATTON FOR EACH OF ST.  S. STEET ADDRESS  OF THE BOATTON FOR EACH OF ST.  S. WAS DECENTED AND FOR	3. PI	LACE OF DEATH IN BALTIMORE, MARYLAN	1D	4. USUAL RESIDENCE (Whe	ere deceased lived. If ins	stitution: residence before admission)
SOUTH BALL MOTE GENERAL HOSS.  SEX  SEX  SEX  SEX  SEX  SEX  SEX	H	OSPITAL OR oddress or locotion)	titution, give street	Many	and c	25-01
South Balt more General Hosp.  SEX  6. BACE  MONOMED MORE DISTRICT  MONOMED DIVORCED Spaceful  MONOMED DIVORCED SPACEFUR  MONOMED		ASTITUTION		Boltin	mace minits, write k	# 117 30
AD USUAL OCCUPATION (System did work) 100. RIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country)  12. CITZEN OF WHAT COUNTRY?  WHAT COUNTRY OF NO 1 201 121 121 121 121 1	5	1 0 11		D. STREET ADDRESS (If	rural, give location)	2/200
MOD BY SUAL OCCUPATION (Sive kind of work) 102. RIND OF BUSINESS OR INDUSTRY 11. BIRTHHACE (State or foreign country)  12. CITZEN OF WHAT COUNTRY?  WHAT COU	S	outh Baltimore Go	Eneral Hosp.	9/9 5,	Hanove	r.St.
DISEASE OR CONDITION DIRECTLY LEADING CONTRIBUTING DISEASE OR CONDITION CAUSE  DISEASE OR CONDITION (a.t.)  DISEASE OR CONDITION, if only, giving rise lot like coused death, and present country or complication or conditions of the course of the cou	i. SE			B. DATE OF BIRTH	tost birthdoyl	
ATTECHEN CONDITION DIRECTLY LEADING TO DEATH UNDERLYING CONDITION OF RELATED TO THE UNDERLYING CONTRIBUTION OF RELATED TO THE UNDERLYING COURSE OF DEATHY WORK OF THE RELATED TO THE RELAT	OA.	USUAL OCCUPATION (GIVE kind of work 108, K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		112. CITIZEN OF
S. WES DECESSED TO CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., injury or complication which coused death.)  DISEASE OR CONDITIONS (if ony, giving rise to the obove cause (A) stoling the UNDERLING CONDITION (a).  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLING CONDITION (a).  ANTECEDENT CAUSES  DISEASES OR CONDITIONS (In ony, giving rise to the obove cause (A) stoling the UNDERLING CONDITION (as).  10  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (a).  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION (a).  12  OTHER SIGNIFICANT CONDITIONS (In ony, giving rise to the obove cause (A) stoling the UNDERLING CONDITION (a).  13  OTHER SIGNIFICANT CONDITION (a).  14  OTHER SIGNIFICANT CONDITION (a).  15  OTHER SIGNIFICANT CONDITION (a).  16  OTHER SIGNIFICANT CONDITION (a).  17  OTHER SIGNIFICANT CONDITION (a).  18  OTHER SIGNIFICANT CONDITION (a).  19  OTHER SIGNIFICANT (CONDITION) (a).  10  OTHER SIGNIFICANT (CONDITION) (a).  10  OTHER SIGNIFICANT (CONDITION) (a).  11  OTHER SIGNIFICANT (CONDITION) (a).  12  OTHER SIGNIFICANT (CONDITION) (a).  13  OTHER SIGNIFICANT (CONDITION) (a).  14  OTHER SIGNIFICANT (CONDITION) (a).  15  OTHER SIGNIFICANT (CONDITION) (a).  16  OTHER SIGNIFICANT (CONDITION) (a).  17  OTHER SIGNIFICANT (CONDITION) (a).  18  OTHER SIGNIFICANT (CONDITION) (a).  19  OTHER SIGNIFICANT (CONDITION) (a).  10  OTHER SIGNIFICANT (CONDITION) (a).  10  OTHER SIGNIFICANT (CONDITION) (a).  10  OTHER SIGNIFICANT (CONDITION) (a).  11  OTHER SIGNIFICANT (CONDITION) (a).  12  OTHER SIGNIFICANT (CONDITION) (a).  13  OTHER SIGNIFICANT (CONDITION) (a).  14  OTHER SIGNIFICANT (CONDITION) (a).  15  OTHER SIGNIFICANT (CONDITION) (a).  16  OTHER SIGNIFICANT (CONDITION) (a).  17  OTHER SIGNIFICANT (CONDITION) (a).  18  OTHER SIGNIFICANT (CONDITION) (a).  19  OTHER SIGNIFICANT (CONDITION) (a).  19  OTHER SIGNIFICANT (CONDITION) (a).  19  OTHER SIGNIFICANT (CONDITION)	one	during most of working life, even if retired)	None	NA	,	
B.   DISEASE OR CONDITION DIRECTLY   LEADING TO DEATH   CAUSE OF DEATH	3. F	ATHER'S NAME	110116	14. MOTHERS MAIDEN NA	ME	
TESASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., head foliuse, ostherio, etc. if means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if ony, giving rise to lihe above cause (A) stoling the UNDERTHING CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING TO THE DISEASE OR CONDITION CAUSES OF DEATH?  21A. ACCIDENT WAS UNDESTRING CAUSE OF DEATH?  21B. THE CONDITION CAUSE OF CONDITION COURS OF DEATH?  21C. THE CONDITION CAUSE OF CONDITION COURS OF DEATH?  21D. THE CONDITION CAUSE OF CONDITION CAUSE OF DEATH?  21D. THE CONDITION CAUSE OF CONDITION CAUSE OF DEATH?  21D. THE CONDITION CAUSE OF CONDITION CAUSE OF DEATH?  21D. THE CONDITION CAUSE OF CONDITION CAUSE OF DEATH?  21D. THE CONDITION CAUSE OF CONDITION CAUSE OF DEATH?  21D. THE CONDITION CAUSE OF CONDITION CAUSE OF DEATH?  21D. THE CONDITION CAUSE OF CONDITION CAUSE OF DEATH?  21D. THE CONDITION CAUSE OF CONDITION CAUSE OF DEATH?  21D. THE CONDITION CAUSE OF CONDITION CAUSE OF DEATH?  21D. THE CONDITION CAUSE OF CONDITION CAUSE OF DEATH?  21D. THE CONDITION CAUSE OF CONDITION CAUSE OF DEATH?  21D. THE CONDITION CAUSE OF CONDITION CAUSE OF DEATH?  21D. THE CONDITION CAUSE OF CONDITION CAUSE OF DEATH?  21D. THE CONDITION CAUSE OF CONDITION CAUSE OF DEATH?  21D. THE CONDITION CAUSE OF CONDITION CAUSE OF DEATH.  21D. THE CONDITION CAUSE OF CONDITION CAUSE OF CAUS		1. 1/5 2/2		1.0000	2 Pola	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart folius, estheria, etc. Il means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost.  TO THER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO TH	5. W	Vas Deceased Ever in U. S. Armed Forces?		17. INFORMANT	2000	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen like mode of dying, e.g., heart folius, cathenio, etc. It means the disease, injury or complication which caused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERTING CONDITION (C)  UNDERTING CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  DISEASES OR CONDITION RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  PARA DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERNIFY IN CERNIFY IN CAUSES OF DEATH?  DISEASE OR CONDITION CAUSING IT.  DISEASE OR CONDITION CAUSING IT.  PARA DISEASE OR CONDITION COUNTY IN COURT OF THE DISEASE OR CONDITION CAUSES OF DEATH?  DISEASE OR CONDITION (House of DEATH (No.) 198. OR DEATH (NO.) 19	163,	no or unknown/lif yes, give wor or doles of s	SECURITY NO.	Annin de	ett 2/25	1 31 - Pa
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foliure, ostherio, etc. Il means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DUE TO  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) sloting the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITION In Interest of the UNDERLYING CONDITION RELATED TO THE DISTASE OR CONDITION CAUSING IT.  DISEASES OR CONDITION CONTRIBUTING TO THE DISTASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION RELATED TO THE DISTASE OR CONDITION CAUSING IT.  DISTAS OR CONDITION CAUSING IT.  21A. ACCIDENT WAS UNDERLYING OR WHICH OPERATION  21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID  NOT WHITE OR	1	1B	CAUSE O	F_DEATH	-c / -nu	
(This does not mean the mode of dying, e.g., heart foliure, cashenic, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if only, giving rise to the above cause (A) stoling the UNDERLYING CONDITION SCONTRIBUTING TO THE DEATH CONDITIONS CONTRIBUTING TO THE DEATH AT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  10 THER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  11 JOHN DISEASE OR CONDITION CAUSING IT.  21 A. ACCIDENT WAS UNDERLYING HORSE OF CAUSE OF THE DISEASE OR CONDITION CAUSING IT.  21 A. ACCIDENT WAS UNDERLYING HORSE, form, factory, street, office bidg, INJURY OCCUR?  DEATH including medical examined  21 T. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED  Work (APPROX.)  22. I certify that (**(this hospital)) attended the deceased from AI Work  (APPROX.)  22. I certify that (**(this hospital)) attended the deceased from AI Work  AI		DISEASE OR CONDITION DIRECTL	Y	1	1 1	ONSET AND DEATH
heart follure, ostherio, etc. II means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION tool.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A_DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION  20A_AUTOPSY? (Yes or Not) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CAUSES OF DEATH?  21A_ACCIDENT WAS UNDERLYING   DEATH toolfy medical examined of the mere, form, foctory, street, office bidgs, injury OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour Work   Not While   Al Work   Al				wrose, of	kuc	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION to the UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH?  21B. THAT WAS UNDERLYING WAS UNDERLYING WAS PERFORMED W		heart foilure, ostherio, etc. Il means the d	liseose,	V	1	
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the (C)    1			(B)			
UNDERLYING CONDITION last.  10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT.  21 OTHER DISEASE OR CONDITION CAUSING IT.  22 OTHER DISEASE OR CONDITION CAUSING IT.  22 OTHER DISEASE OR CONDITION CAUSING IT.  22 OTHER DISEASE OR CONDITION CAUSING IT.  23 OTHER DISEASE OR CONDITION CAUSING IT.  24 OTHER DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION CAUSE OF DEATH?  24 OTHER DISEASE OR CONDITION CAUSING IT.  24 OTHER DISEASE OR CONDITION CAUSE OF THE DISEASE OF CAUSING CAUSES OF DEATH?  25 OTHER DISEASE OR CONDITION CAUSE OF THE DISEASE OR CAUSE OF DEATH?  26 OTHER DISEASE OR CONDITION CAUSE OF THE DISEASE OF CAUSE OF THE DISEASE OF CAUSING CAUSES OF DEATH?  27 OTHER DISEASE OR CONDITION CAUSE OF THE DISEASE OF CAUSING CAUSES OF CAUSING CAUSES OF CAUSING CAUSES OF CAUSING CAUSES OF C						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?  21B. PLACE OF INJURY OCCUR?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22L I certify that (T)(this hospital) attended the deceased from AI Work AI Work  22L I certify that (T)(this hospital) attended the deceased from DISCASE OF DEATH?  Not While Work AI Work  22L I certify that (T)(this hospital) attended the deceased from DISCASE OF OPERATION DISCASE OF NO. DISCASE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?  21F. HOW DID I		rise to the above cause (A) statir	.1			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  19B. CONDITION CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID  10D ACTOR CONTRIBUTING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID  10D ACTOR CONTRIBUTING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID  10D ACTOR CONTRIBUTING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID  10D ACTOR CONTRIBUTING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID  10D ACTOR CONTRIBUTING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID  11D ACTOR CONTRIBUTING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID  11D ACTOR CONTRIBUTING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID  11D ACTOR CONTRIBUTING CAUSES OF DEATH?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY	1	11				
19.A. DATE OF OPERATION WAS PERFORMED  19.A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in all obout) 21C. WHERE DID (If in Boltimore City, give exact location) or Contributing   Cause of Death (notify medical examiner)  21D. TIME (Monith) (Day) (Year) (Hour) 21E. INJURY OCCURRED White Al Work   Not White Work   Not White Work   Not White	ATION	TO THE DEATH BUT NOT RELATED			1	
21A. ACCIDENT WAS UNDERLYING   CAUSE OF   21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID   Clif in Boltimore City, give exoct locotion)   OR CONTRIBUTING   CAUSE OF   Cec.)   Control of the control of the cec.	RTIFIC			20 A. AUTOPSY? (Yes or No	ON CERTIFYING CAL	INDINGS CONSIDERED
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that (Tithis hospital) attended the deceased from 2 - 19 65 to 2 - 2/ 19 65 to 41 Mork  22. I certify that (Tithis hospital) attended the deceased from 2 - 19 65 to 2 - 2/ 19 65 to 41 Mork  23. I certify that (Tithis hospital) attended the deceased from 41 Mork  24. SIGNATURE  M.D. Attending Med. Director Phys. 23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  M.W. KILCHENSTEIN, M.D. M.D. South Balto. Gen. Hosp 1213 Light St.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)	U	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
22. I certify that (T(this hospital) attended the deceased from 3 - 19 65 to 3 - 3/ 19 65 to 4 - 3/ 19 65 to 5 - 3/ 19 65 to 5 - 3/ 19 65 to 5 - 3/ 19 65 to 6	U			21F HOW DID IN	IIIBY OCCUP?	
22. I certify that (T(this hospital) attended the deceased from 2-19 65 to 2-2/ 19 65	WE	OF INJURY	While At Not Whil	e 🖳	OKT OCCOR:	
thot (we) lost sow the deceosed clive on 2-2/ 19 65 and that in (we) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body ofter death.  23A. SIGNATURE  M.D. Attending Med. Stoff Director Phys. 2-23-65.  23C. PHYSICIAN'S NAME (Type)  M.W. KILCHENSTEIN, M.D. M.D. South Balto. Gen. Hosp 1213 Light St.  4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)		22. I certify that (#(this hasnital) atte			10 6.5 40	2-21 10 65
and hour and from the causes stated above. (I) (We) (dld) (did not) view the body ofter death.  23A. SIGNATURE  M.D. Attending Med. Stoff Phys. 223C. PHYSICIAN'S NAME (Type)  M.W. KILCHENSTEIN, M.D. M.D. South Balto. Gen. Hosp 1213 Light St.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)			7 21	a primary a		
23A. SIGNATURE  M.D. Attending Med. Director Phys. D  23C. PHYSICIAN'S NAME (Type)  M.W. KILCHENSTEIN, M.D. M.D. South Balto. Gen. Hosp 1213 Light St.  24A. BURIAL CREMATION, REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) (City, town, or county) (Stote)					ior in (my) (our) opin	non decin occurred on the day
23C. PHYSICIAM'S NAME (Type)  M.W. KILCHENSTEIN, M.D. M.D. South Balto. Gen. Hosp 1213 Light St.  24A. BURIAL CREMATION, REMOVAL (Specify) REMOVAL (Speci						238. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)  M.W. KILCHENSTEIN, M.D. M.D. South Balto. Gen. Hosp 1213 Light St.  24A. BURIAL CREMATION, REMOVAL (Specify)  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town, or county) (Stote)	1	MW releterist	M.D. Atte	ending Med.	Stoff Phys.	2-23-65.
M.W. KILCHENSTEIN, M.D. M.D. South Balto. Gen. Hosp 1213 Light St.  24A. BURIAL CREMATION, REMOVAL (Specify) PAGE (City, town, or county) (Stote)	1	23C. PHYSICIAN'S NAME (Type)				
REMOVAL (Specify)			NSTEIN, M.D. M.D.	South Balto. Ger	n. Hosp 1	213 Light St.
	24A.	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)				
	B	urial 2-25-65	Mount Auburn	Ba	ltimore Ci	ty
ADDRESS	25A.	DATE REC'D BY HEALTH DEPT.	NAME OF REGISTRAR	25C UNERAL DIRECTO	10	ADDRESS



Cale	1	2	11
0.	0	2	4
	70	TO	9 5
	=	Se	モス
	0	0 0	S
	8	0 0	0 :
	.=	000	4
	S	-	000
	0	5.5	50
	_	2	Ď o
	0	Se	-
	=	m 2	# 1
	70	ביט	0.0
	ě	- 0	L 0. 6
	=	Per Per	- m
	2	E :	20 5
	Ö	2 5	O O
	-	0 0	- 0 -
	五	- B	E 0 0
	0	0 =	N -
	0	+ >	0 0 0
	*	9 4	3 = 5
= =	+	.E 🔾	4 4 5
4	-	O O	# 0 T
	S.	9.5	0 0 5
~	S	<b>‡</b> ×	P 2
ō	0	= 2	00
4	S	, 5	000
5	=	So	500
=	-	4 0	0 7 5
	-	. 5	0 1
FUNERAL DIRECTOR: IMPORTANT	9	5	a a
O	- =	E 0	-5 E
F	E	F +	0 0 0
U	9	DA	Y P S
ш	0	X	- = 0
<u>a</u>	-	- 3	E 0
	Ü	S	Cis
	D	. E	S 3 E
4	E	900	4 5
04	+	EX	0.0
ш	0	70	0.7
Z	4	80	t S
)	0	3	9 4 7
<u>u</u>	=	<u> </u>	5 47
	-	D	404
	9	P .	3 7
	D	os It	+9
	>	F 5	0 70
	0	0 >	N E
	0	÷ =	0 0 0
	0	0 +	
	0	-0	547
	9	9 5	- D V
	S	9	de
	2	0.0	4 0
	E	0 0	0 + 0
	0	S	+ 0
	8	8 5	0.7
	fi	3 4	4 0 0
	=	75	0 00
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	3: 0	was D.O.A. at a hospital (except where the physician who pronounced death was in regular atterdeceased prior to death); and (6) No physician was in regular attendance on the deceased prior to veritten approved must be obtained before the remains are embalmed or final disposition is made.
	5	<b>₽</b> }	200
	-	90	0
	F	+ 1	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	or 0400			HEALTH DEPARTMENT		05 9490
BIRTH NO. M.E. CASE NO.	65 2129		CERTIFICA	TE OF DEATH	Registered No	. 65 2129
INAME OF DE	CEASED				AND HOUR OF DEATH	
Type or Print)	SOPHIE S				UARY 22, 196	
PLACE OF D	EATH IN BALTIMORE, MAS	YLAND		4. USUAL RESIDENCE (W A. STATE B. COL	here deceased lived, ft JNTY	institution: residence before admission
FULL NAME	OF (If not in hospital a	or institution.	grve street	MARYLAND		Broth
HOSPITAL OR					outside city limits, write	RURAL and give township)
				BALTIMORE		33-00
S	T. AGNES HOSPI	TAL			If rurol, give location)	
				1914 ROCKWE		
S S EX		7. MARRIED, WIDOWEL	NEVER MARRIED  DIVORCED (specify)  RRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
FEMALE	WHITE			10/8/1904	60	
	CUPATION (Give kind of work) I working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
HOU	SEWIFE	AT I	HOME	MARYLAND		USA
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
	LOUIS ?			SARAH	?	
5. Wos Decess	d Ever in U. S. Armed Ford	os?	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO	(If yes, give wor or dotes	of Service)	SECURITY NO.	MR. SAMUEL SW	ERDLIN 1914	4 ROCKWELL AVE
18. 44 2	4 . 4		CAUSE O			INTERVAL BETWEEN
	/ X	C C W L V	CAUSE O	DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION DIR	ECILI	11.0	to me	11/11	
(This does	nol mean the made of	dvina ea	(A) UC	it myocan	enal fain	414
	, oslhenio, elc. Il meons		505 10			1000000
injury or co	mplication which caused	deoth.)				
	ANTECEDENT CAUSES		(B)			
	OR CONDITIONS, if a					
	he above couse (A) IG CONDITION loss.	stating lhe	(C)	0 0000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	- 11					
OTHER SIGN	NIFICANT CONDITIONS C	ONTRIBUTIN	G			
TO THE	DEATH BUT NOT RELA	TED TO TH				
U 19A. DATE C	F OPERATION 198 CONI	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208, IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
THE O	WAS PERF	ORMED			IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING	218	PLACE OF INJURY le.g., in	or obout 21 C. WHERE DID	(If in Boltime	ore City, give exact location)
<b>▼</b> DEATH (noti	BUTING CAUSE OF fy medical examiner	etc.		fice bldg., INJURY OCCUR?		
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
OF INJURY	,		ile At Not While			
(APPROX)		Wo	rk At Work			
22. I certif	y that (1) (this hospital)	ottended t	he deceased from	Jan	1933 to	2/22 1964
that (1) (we	last saw the decease	d alive on	2/22	1965 ond	that in (my) (our) or	pinlan death accurred on the d
				iew the body after death		
23A. SIGNAT		20076. (	, ,e, ( <del>see</del> ) (did not) v	The body offer deoff	10	238, DATE SIGNED
	A S	11	M.D. And	ending Med.	Stoff	0/22/1-
FO	eff // to	2 Our	Phy	Director L	Phys.	2/23/65
NAME				23D. ADDRESS	2 ,	
JO 51	TOH 18, 2	181=	RTO M.D.	3508 6	auch ST.	Bullmy 24 7
	EMATION, 248. DATE	24C.N	AME OF CEMETERY OF CRE	MATORY 24D.		City town, or county) (State
BURIA		CL	IZUK AMUNO (A	RITHGTON	BALTIMORE	MARYLAND
DULLA	1 2/24/65	L.I.	IZUN AMUNU IA	CENIA O I OIA	COLUMN TO THE PARTY OF THE PART	IND CLAN TO A A A A A
SA. DATE REC'						
SA. DATE REC'	D BY HEALTH DEPT.			25C. FUNERAL DIRECT	OR	ADDRESS
25A. DATE REC'	FEB 26 1965		OF PEGISTAR DELMA	25C. FUNERAL DIRECT	OR	



was D.O.A.

shows: (1)

Such

death.

10

3.

attendance on the

and

BALTIMORE CITY HEALTH DEPARTME	NT
--------------------------------	----

Registered	No.	-65-	2130
		00	-1.CO

BIRTH NO. 65	2130		CERTIFICATE OF	DEA1
1. NAME OF DECEASED		KOENTGSREDG		2. DA

2.	DATE	AND	HOUR	OF	DEATH	
		1110	1 01		4015	

EBRUARY 24.		2300

po	01	Print)			DORA	KOENIGSBER
PL	AC	E OF	DEATH	IN	BALTIMORE,	MARYLAND

4. USUAL A. STATE

RESIDENCE (Where deceased lived, If institution: residence before admission)

ADDRESS

(Stote)

(City, town, or county)

MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MARYLAND

## SINAI HOSPITAL

BALTIMORE D. STREET ADDRESS (If rural, give location)

## A11A DADY HETCHTO AUE

24D. LOCATION

BALTIMORE

25C. FUNERAL DIRECTOR BROS. INC. 6010 REISTERSTOWN

			TITT TANK HELIOHIS AVE				
5. S EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
FEMALE	WHITE	MARRIED	12/25/1904	60			
	CUPATION (Give kind of of working life, even if retir	work 10 B. KIND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Hou	SEWIFE	AT HOME	MONTAN	IA	USA		
13. FATHER'S NA	AME		14. MOTHER'S MAIDEN	NAME			
	MAX LEVI	N	RACHA	EL.			

MAX LEVIN		KACHA	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	

ROBERT KOENIGSBERG 4114 PARK HEIGHTS AVE

	18. 420 / I CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Clark Coronny (London's	1 hr
	heart failure, osthenia, etc. II means the disease,	• • • • • • • • • • • • • • • • • • •
	ANTECEDENT CAUSES  (B) (B)	nyo
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ERTIFIC	19.A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDING CAUSES	NGS CONSIDERED OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	r, give exact facation)
MEDI	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?  While AI Not While At Work At Work	./
	22. I certify that (I) (this hospital) attended the deceased fram 1950 19 to 19 that (I) (we) lost sow the deceased alive on 1965 and that in (my) (our) opinion	deoth occurred on the dot
	ond hour ond from the causes stoted above. (1) (We) (did) (did) (view the bady after death.  23A. SIGNATURE	DAYS CLONED
	M.D. Attending Med. Stoff Phys. Stoff Phys.	NW/W
	23C. PHYSICIAN'S NAME (Type) MILTON KIRSH  23D. ADDRESS 4000 W NORTHERN RARKWAY	

(ARLINGTON)

24C. NAME of CEMETERY OF CREMATORY

CHIZUK AMUNO

258. NAME OF REGISTRAR

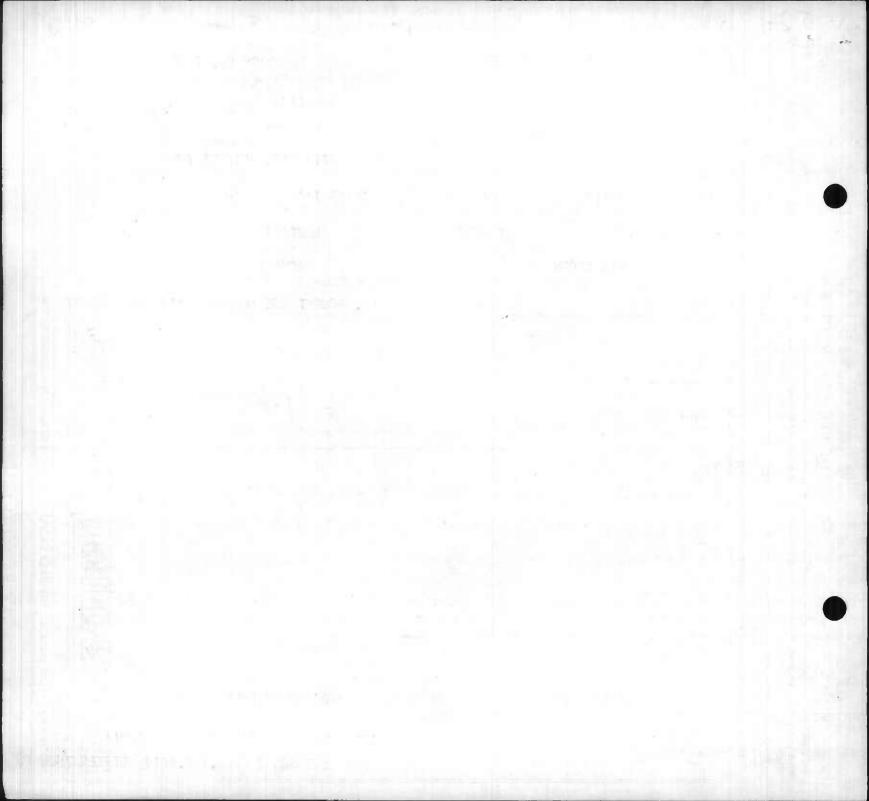
VS 150-REV. 1/1/65

24A. BURIAL CREMATION, REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

BURIAL

2/25/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the IMPORTANT FUNERAL DIRECTOR:

		55 2434			CEPTIFIC	ATE OF D	FATH	Registered	Na	65 21	94
M.E.	CASE NO.	O ALG.	£		CLKTIIIC						.O.L
(Туре	AME OF DEC	LIPIT	2 MARYLAN	Eva	ene Ja	IL USUAL REST		2/24/65 re deceased lived.		2:09	7 F
FL	ULL NAME O	F (If not in hos	pitot or inst	titution, give	street	A. STATE	B. COUN		2	-7-2	0
	OSPITAL OR	oddress or lo		F.	Batto.	C. CITY OR TO  Balto  D. STREET ADD		tside city limits, w		nd give township)	
-	, 2,		V			7311	Park	Reights		APT 203	
	MALE	6. RACE WHITE	W	MARRII	VER MARRIED VORCED (specify) ED	3/21/	16	9. AGE (La years lost birthdoy)	If Und Months	er 1 Yr. If Und Doys Hours	er 24 Mil
	during most of	JPATION (Give kind of working lile, even if reli CUTIVE	ired)	KIND OF BUS			State or torei	gn country)	W	TZEN OF HAT COUNTRY?	
3. F	ATHERS NAM	MANUEL LIP				14. MOTHERS	MAIDEN NA				
5. W	Vos Deceased	Ever in U. S. Arme	d Forces?	1 6.	SOCIAL	17. INFORMANT	ELLA	?	A 1	ADDRESS AD	T 2
163,	NO	(If yes, give wor or	doles of s	service/	SECURITY NO.	MRS. MIL	DRED LI	PITZ 73	11 PARK	HGHTS A	
	DISEAS	SE OR CONDITION		X.Y	CAUSE	OF DEATH	I Into	inton		ONSET AND D	
	(This does n					VUIT CENTRAL				The second second	
	heart failure,	al mean the made asthenia, etc. It m aplication which co	eans the d	disease,	DUE TO	Cer	eyious	m.F)		1.4	Ha
	heart failure, injury ar can	asthenia, etc. It m aplication which co ANTECEDENT CAL	eans the dused death	disease, h.)	(B) COUE TO	Cer nonery	Arter	m. F)	4	1.1/2 went	th.
	heart failure, injury or can  DISEASES Crise to the	asthenia, etc. It m oplication which co	eans the dused death USES  if any, (A) static	disease, h.) giving	(B) Ce	ASCOL	Arter	m. F)		1.1/2 mm	His
	DISEASES (rise to the UNDERLYING	asthenia, etc. It m pplication which co ANTECEDENT CAL DR CONDITIONS, e above cause G CONDITION last  FICANT CONDITION EATH BUT NOT	eans the dused death USES  if ony, (A) static t.  NS CONTR RELATED	disease, h.) giving ng the	(B) Ce	ASCOL	Arter	m. F)		1 1/2 went	Hr.
ATION	DISEASES (rise to the UNDERLYING	asthenia, etc. It m plication which co ANTECEDENT CAL DR CONDITIONS, e above cause G CONDITION lost	eans the dused death USES  if ony, (A) statin t.  NS CONTR RELATED NG IT.	giving ng lhe  RIBUTING TO THE	(B) Ce	20A. AUTOPS	Heren	y O, sca	ERE FINDING CAUSES OF	1 1/2 wsm	Hr.
AL CERTIFICATION	DISEASES CONTRIBLE	asthenia, etc. It m plication which co ANTECEDENT CAL DR CONDITIONS, e above cause G CONDITION lost	eans the dused death USES  if ony, (A) station t.  NS CONTR RELATED NG IT. CONDITION PERFORMI	giving ng the  RIBUTING TO THE  N FOR WHICE  21B. PLA	(c) H	20A. AUTOPS	Y? (Yes or No	IN CERTIFYING	CAUSES OF	S CONSIDERED DEATH?	H.,
MEDICAL CERTIFICATION	DISEASES CONTRIBLE	asthenia, etc. It m plication which co ANTECEDENT CAL DR CONDITIONS, e above cause G CONDITION lost  FICANT CONDITION EATH BUT NOT CONDITION CAUSI OPERATION 198. WAS  NT WAS UNDERLYIN JTING CAUSE OF	eans the dused death USES  if ony, (A) statin t.  NS CONTR RELATED NG IT.  CONDITION PERFORMI	giving ng the  RIBUTING TO THE  N FOR WHICE  21B. PLA home, for	(C) H	, in or obout 21 C. Wooffice bldg., INJUR	Y? (Yes or No	IN CERTIFYING	CAUSES OF	DEATH?	Hhe
MEDICAL CERTIFICATION	DISEASES (injury or community o	asthenia, etc. It m plication which co ANTECEDENT CAL DR CONDITIONS, e above cause G CONDITION last  FICANT CONDITION EATH BUT NOTI CONDITION CAUSI  OPERATION 198. WAS  NT WAS UNDERLYIN JTING CAUSE OF medical examinet)  (Month) (Doy) (1)	eans the dused death USES  if ony, (A) statin t.  NS CONTR RELATED NG IT.  CONDITION PERFORMI	giving ng the  RIBUTING TO THE  21B. PLA home, for the cole.)  White A Work  ended the d	(B) COURTED Not We deceased from	, in or obout 21 C. W office bldg., INJUR	Y OCCUR?	URY OCCUR?	CAUSES OF	DEATH?  ve exoct locofion	9(
MEDICAL CERTIFICATION	DISEASES (injury or community o	asthenia, etc. It mplication which co- ANTECEDENT CAL DR CONDITIONS, e above cause G CONDITION last  FICANT CONDITION EATH BUT NOT CONDITION CAUSE  OPERATION 198. WAS  NT WAS UNDERLYIN JTING CAUSE OF medical examiner)  (Month) (Doy) (1)	eans the dused death USES  if ony, (A) statin t.  NS CONTR RELATED NG IT. CONDITION PERFORMI  Year) (Horizontal) after eased ali	giving ng the  RIBUTING TO THE  21B. PLA home, freetc.)  21E. INJ White A work ended the d	CE OF INJURY (e.gorm, foctory, street, Not We have well as wel	20A. AUTOPS  , in or obout 21 C. W office bldg., INJURY	Y? (Yes or No	(If in Bold	CAUSES OF	DEATH?  ve exoct locofion	9
MEDICAL CERTIFICATION	DISEASES (injury or community o	asthenia, etc. It miplication which condition which conditions, e above cause Groundition last properties of the condition condition cause of the cause of the condition cause of the c	eans the dused death USES  if ony, (A) statin t.  NS CONTR RELATED NG IT. CONDITION PERFORMI  Year) (Horizontal) after eased ali	giving ng the  RIBUTING TO THE  21B. PLA home, freetc.)  21E. INJ White A work ended the d	CE OF INJURY (e.gorm, foctory, street, Not We leceased from M.D. A. M.	office bldg., INJURY  21F. He hile  19  View the body a	Y? (Yes or No	URY OCCUR?	imore City, gi	DEATH?  ve exoct locofion	9 the
MEDICAL CERTIFICATION	DISEASES (Crise to the UNDERLYING) OTHER SIGNITO THE D DISEASE OR 19A. DATE OF CONTRIBLOR CONTRIBLO	asthenia, etc. It miplication which co ANTECEDENT CALL OR CONDITIONS, e abave cause G CONDITION last III (FICANT CONDITION CAUSIC OPERATION 198. WAS INT WAS UNDERLYIN JITING CAUSE OF medical examiner)  (Month) (Doy) (1)  that (I) (this has; last saw the decider of the cause of	eans the dused death USES  if ony, (A) statir t.  NS CONTR RELATED NG IT. CONDITION PERFORMI  Year) (Hor	giving ng the  RIBUTING TO THE  21B. PLA home, freetc.)  21E. INJ White A work ended the d	CE OF INJURY (e.gorm, foctory, street, Not We leceased from M.D. A. M.	20A. AUTOPS  In, in or obout 21C. We office bldg., INJURY  hile 19 19 10 11 11 11 11 11 11 11 11 11 11 11 11	HERE DID Y OCCUR?  OW DID INJ  and the	URY OCCUR?	imore City, gi	ve exoct locofion	y the
MEDICAL CERTIFICATION	DISEASES (Crise to the UNDERLYING) OTHER SIGNITO THE D DISEASE OR 1974. DATE OF CONTRIBLE DEATH (notify (APPROX.)  21 A. ACCIDER OF INJURY (APPROX.)  22 C. PHYSICIA 1334. SIGNATURE OF CONTRIBLE OF INJURY (APPROX.)	asthenia, etc. It miplication which condition which conditions, e above cause G CONDITION last It conditions and the condition cause G CONDITION CAUSE OPERATION TO CONDITION CAUSE OPERATION TO CAUSE OF Medical examines)  (Month) (Doy) (1)  that (I) (this has last saw the decoder cause of the cause of th	eans the dused death used death used death uses if ony, (A) statin l.  NS CONTR RELATED RG IT. CONDITION PERFORMI  Year) (Hor	giving ng the  RIBUTING TO THE  21 B. PLA home, for etc.)  21 B. PLA home, for etc.)  21 C. INJ  White A work  ended the dive an	DUE TO  (C) H  (	20A. AUTOPS  In or obout 21C. We office bldg., INJURY  21F. He off	CYP (Yes or No	URY OCCUR?	causes of imore City, gi	ve exect locotions  The signed or locotions  ATE SIGNED  Location of Country or Country)	9 C

Sivas thought of Colle 7311 Kall Hughla The 3/21/10 48 Come Continued on the Come Peterte million Some temporal of the 15 warmen and

ANSHE EMUANAH A

258. NAME OF REGISTRAR DEUMA

2/28/65

BURIAL

VS 150-REV, 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

BIRTH NO.

M.E. CASE NO.

I, NAME OF DECEASED (Type or Print)

FULL NAME OF

arah

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

Berman

(If not in hospital or institution, give street

Bub

of death

Such

eath.

Ö

E O

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

A. STATE

Mary/and C. CITY OR TOWN (If outside city limits.	, write RURAL and give township)
Baltimore	
01/11 1 / 11	
B. DATE OF BIRTH 9. AGE (In vec	
B. DATE OF BIRTH  9. AGE (In year lost birthdoy)  75	ors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
11. BIRTHPLACE (State or foreign country)	12. CHIZEN OF WHAT COUNTRY?
LITHUANIA	USA
14. MOTHER'S MAIDEN NAME	
MARY ?	
17. INFORMANT	ADDRESS
FRIEDA BERMAN 3411 W	NORTHERN PKWAY
PF DEATH	INTERVAL BETWEEN ONSET AND DEATH
te Myocardial Infarction	- 5days
Mosclerotic Cardiovascula	· Disage ??
	1
ila I malama	
20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYII	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
in or obout 21 C. WHERE DID (If in	Bottimore City, give exact location)
ffice bldg., INJURY OCCUR?	
21F. HOW DID INJURY OCCUR?	
le	
6. 20 1965 10	Feb 25 1965.
19 (Jand that in( <del>my)</del> (or	ur) aplnian death accurred an the date
view the bady after death.	
	23 B. DATE SIGNED
ending Med. Stoff Phys.	2-25-65
23D. ADDRESS	
	ltimore
ITZ CHAIM BALTIMORI	(City, town, or county) (State)  E MARYLAND
SOL LEVINSON & BROS. II	NC. 6010 REISTERSTOWN RE

Registered Na.

00

institution: residence before admission)

0 . M.

2. DATE AND HOUR OF DEATH

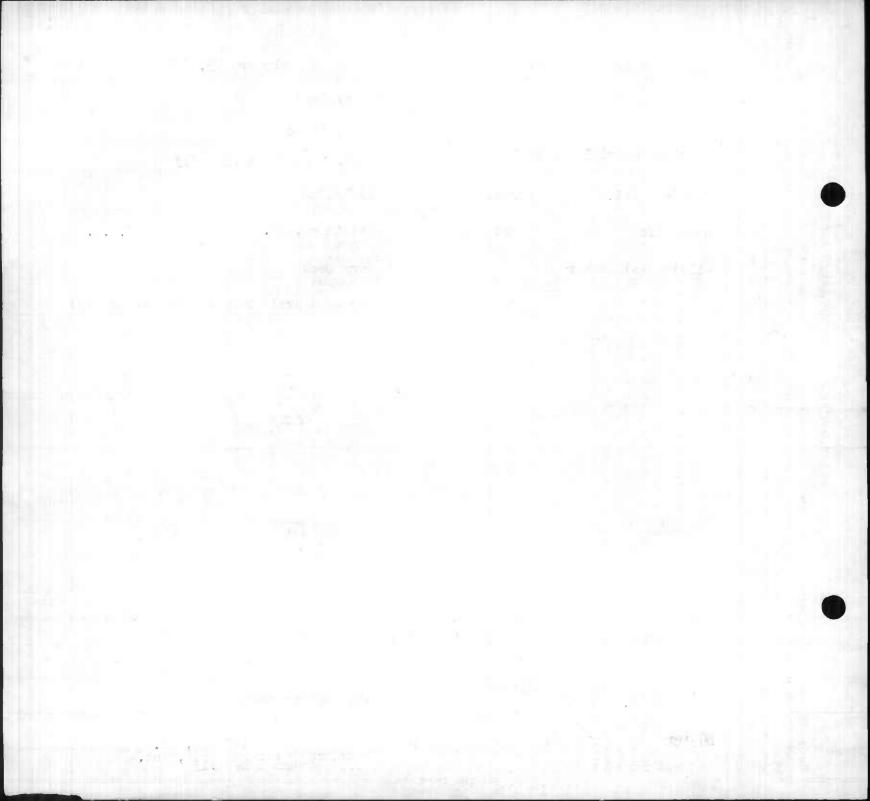
February 257

B. COUNTY

Maryland Battermore Since Half to lat hart war. 3411 W Northern Parking 12-5-69 75 Female Covenina Widowed Acak Myocodul Interior Arterotche rates Continuench in min. brief Fallicle Lymphons 12 451 19 Harry M. Chieling 23 16-6 Sign Hartel of better a Harry M. Charlate

	0400	BALTIMORE CI	TY HEALTH DEPARTMENT	05 010			
BIRTH NO. M.E. CASE	65 2133	CERTIFIC	ATE OF DEATH Registered	No. 65 213			
I, NAME O	DECEASED		2. DATE AND HOUR OF DE	ATH			
Type or Pri	ELIZABETH MA	RGARET HENKEL	February 23,	1965   2 au			
3. PLACE C	F DEATH IN BALTIMORE, M.	ARYLAND	4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admis A. STATE B. COUNTY				
FULL NA		ar institution, give street	Maryland	21-01			
HOSPITA		on)	C. CITY OR TOWN (If outside city limits, w	vrite RURAL and give township)			
			D. STREET ADDRESS (If rural, give location				
Uni	on Memorial Hos	pital	2826 Pelham Avenue #1				
5. SEX	6. RACE white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) married	B. DATE OF BIRTH  11/7/1882  9. AGE (in yeors lost birthday) 82	If Under 1 Yr. If Und Months Days Haurs			
IOA, USUAL	OCCUPATION (Give kind of wo	1 108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF			
house	nost of working life, even if retired) with	at home	Baltimore, Md.	U.S.A.			
13. FATHER		30 110.110	14. MOTHER'S MAIDEN NAME	0,5,4,			
K4114	an Waldhauser		Mary Beck				
15. Was De	eosed Ever in U. S. Armed Fr	orces? 16. SOCIAL	17. INFORMANT	ADDRESS			
(Yes, no or u	known) (If yes, give wor or do	les of service) SECURITY NO.	George Henkel 2826 Pell	nam Avenue #13			
1B. 4	20.114.21	CAUSE	OF DEATH ,	INTERVAL BETY			
/(	SEASE OR CONDITION D	111/	A A. Dang.	ONSET AND D			
/T1.1-	LEADING TO DEATH	(A) CC	we Colonary Occhesio	no moude			
heort	oes not mean the mode o bilure, asthenio, etc. It mean	s the disease,	0				
injury	or complication which couse	IM	coney atterrocurs	J July			
DISEA	ANTECEDENT CAUSE	DUE TO	0-10-1				
rise	SES OR CONDITIONS, if the above couse (A)		erebye atheroscherses	101490			
UNDE	LYING CONDITION lost.		. ()	/			
OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING	1 1 1 1 1 1				
€ TO T	HE DEATH BUT NOT REL	ATED TO THE	les Millelia	I year			
U 19A. DA	TE OF OPERATION 198. CO	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?			
19A. DA				CAUSES OF DEATH!			
OR CO	CIDENT WAS UNDERLYING [ TRIBUTING [] CAUSE OF	hame, farm, tactary, street,	in or about 21 C. WHERE DID (If in Boltimore City, give exact location) affice bldg., INJURY OCCUR?				
9	(notify medical examiner)	etc.)					
OF INJ	JRY		21F. HOW DID INJURY OCCUR?				
(APPRO		While At Not W	nk 🗀	7			
22. I certify that (I) (this hospital) attended the deceased from 1960 to January 1960							
that (1) (we) last saw the deceased alive an Awary 19 65 and that in (my) (our) opinion death accurred an							
		ated above. (1) (19) (did) (did not)	view the bady after death.	V			
23A. 310	NATURE -	1.10/2		238 DATE SIGNED			
	Jum T	M.D. A	hys. Med. Stott Phys.	2/25/65			
	rsician's ME (Type)		23D. ADDRESS				
	vin F. Polek	M.t	7007				
REMO	VAL (Specify) 24B. DATE	24C. NAME of CEMETERY or C	REMATORY 24D. LOCATION	(City, town, or county)			
Buria			emetery Baltimore.	Mel			
25A. DATE	REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	Sandmone Responses Home	ADDRESS			
	LTD % 0 1200	Modern C. Marcellan	DOL DI GINES TRANE #13				

VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. Such of death cause; (5) Deceased M.E CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH VIOLETTA (Sis) M. KESTING (Type or Print) uo Feb. 24, 1965 a hospital 4. USUAL RESIDENCE (Where decosed lived. If institution: residence before admission)
A. STATE

8. COUNTY death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance Md. cause (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend 0 Baltimore Union Mem. Hospital prior D. STREET ADDRESS (If rurol, give location) contributing 3119 Pelham Ave. occurred etermined mode regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. eceased Months Doys WIDOWED, DIVORCED (specify) lost birthdoy) 8/22/03 61 female white married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF isposition done during most of working life, even if retired) Und Housewife at home Baltimore, Md. U SDM 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the 4 Clifton J. KERT Chaney Marie K. Donovan assistant eath 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL 0 tinal (Yes, no or unknown) (If yes, give wor or dotes of sorvice) SECURITY NO. Elmer W. Kesting husband, above attendonce any CAUSE OF DEATH pronounced 0 DISEASE OR CONDITION DIRECTLY A SO, embalmed of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, examiner exominer. regular injury or camplication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, il any, giving 3 rise to the above cause (A) stating the physicion the remains UNDERLYING CONDITION lost. chief medical physicion was medicol burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the ō WAS PERFORMED by the 3 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where OR CONTRIBUTING CAUSE OF to the hospital ° MEDICAL DEATH (notify medical examined) any nature; obtained 21 D. TIME OF INJURY (Month) (Doy) (Your) (Haur) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 approved (except While At Not While ond

25B. NAME OF REGISTRAR

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an ...and that in(my) (aux) apinion death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending [ M.D. Med. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 1/65 Parkwood Cemeterv Baltimore, Md.

25C. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc. 3331 Brehms Lane

11:45 am.

If Undor 24 Hrs.

Hours

WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

ADDRESS

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

death);

10

prior to

deceased

0

was D.O.A. shows: (1)

must

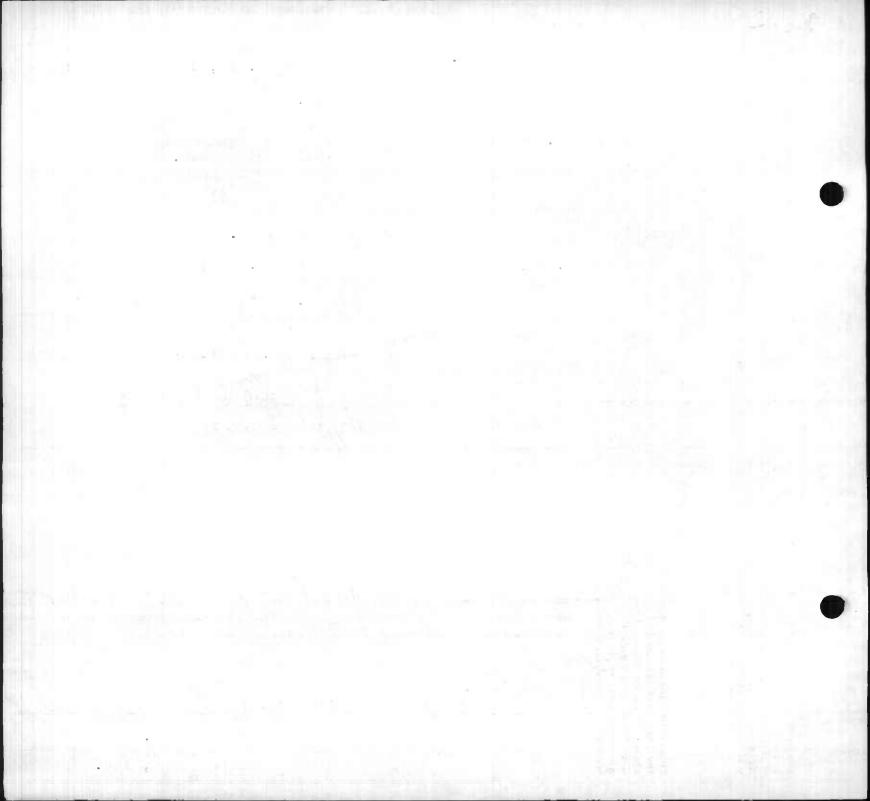
approval

of hospital

accident

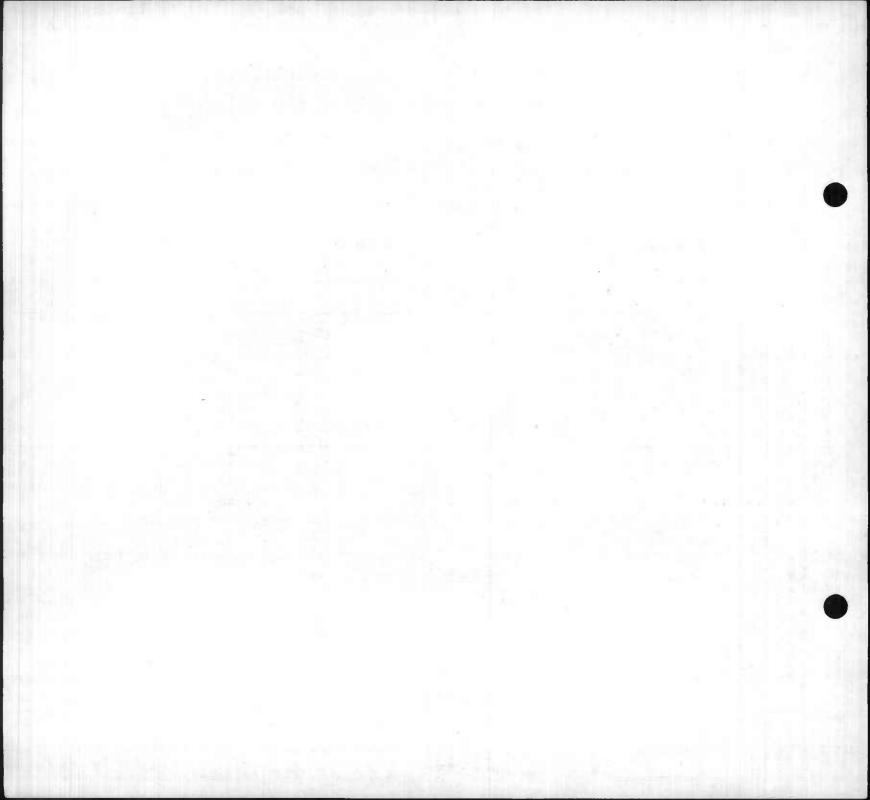
An

the body was released



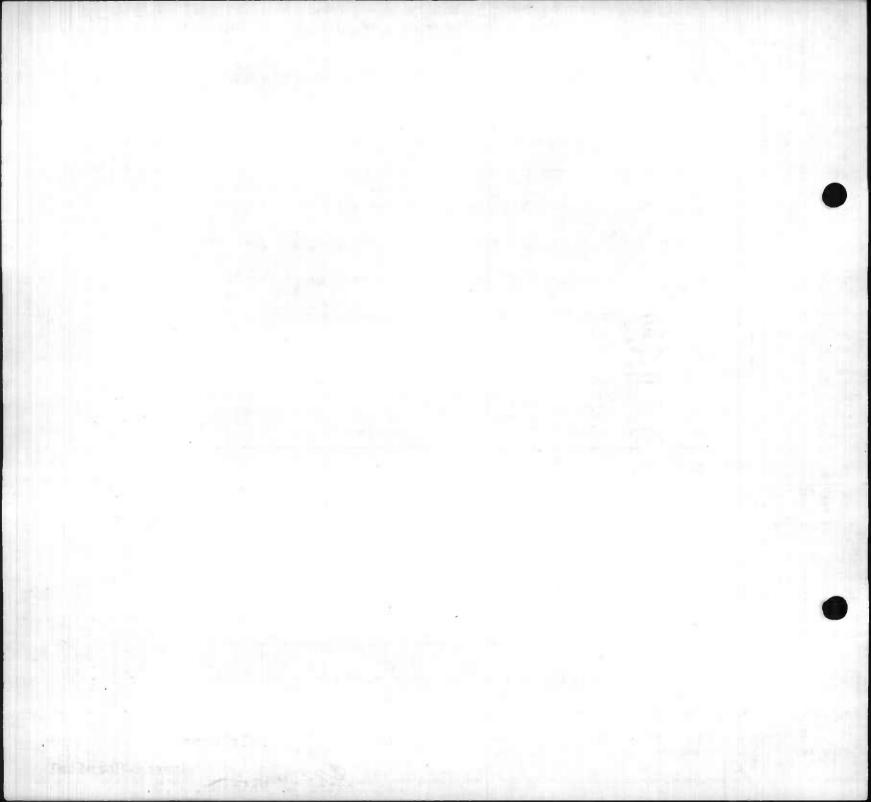
•	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT	•	4-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death-shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	the chief medical examiner. I by a medical examiner. (2) Body burns; (3) A fractuer the physician who pro	Also, if the dire re of any kind; (4 nounced death	f death occurred in a hospital ar ct or contributing cause of dea ) Undetermined cause; (5) Decease was in regular attendance on the	6/3
deceased prior to death); and (6) No physician was in regular attendance on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made.	physician was in regular	attendance on t	he deceased prior to death. Su	1

FULL NAME OF HOSPITAL OR oddiess or location)  Boys Secours Haspital  D. STREET ADD  1 316	PEATH Registered Na. 65 2135  2. DATE AND HOUR OF DEATH  2-24-65  IDENCE (Where deceosed lived. If institution: residence before admission B. COUNTY  2/0  WN (If outside city limits, write RURAL and give township)  NO. R. 23  DRESS (If furol, give location)
Type or Print)  FVANK  Urbetis  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR INSTITUTION  Box Secours Hospital  D. STREET ADD  1 316	Z-24-65 A-10 A.  IDENCE (Where deceosed lived, If institution: residence before admission B. COUNTY  2/0  WN (If outside city limits, write RURAL and give township)
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF HOSPITAL OR oddiess or locotion)  White the second state of the second	WN (If outside city limits, write RURAL and give township)
FULL NAME OF (If not in hospital or institution, give street MANULA C. CITY OR TO DALTIA D. STREET ADD 1316	WN (If outside city limits, write RURAL and give township)
FULL NAME OF (If not in hospital or institution, give street MANULA C. CITY OR TO DALTIA D. STREET ADD 1316	WN (If outside city limits, write RURAL and give township)
Boys Secours Haspital  MARY  C. CITY OR TO  BALTIA  D. STREET ADD  1 316	
Bon Secours Hospital D. STREET ADD	
Bon Secours Hospital D. STREET ADD	
1316	MORE, 23
1316	
1316	DRESS (If furol, give location)
·	James Street
The same of the sa	
6. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRT WIDOWED, DIVORCED (specify)	9. AGE (In years If Under 1 Yr., If Under 24 H Months; Days Hours; Min.
M Married 10-20-	
	E (State or foreign country) 12. CITIZEN OF
and during most of working life, even it retired)	WHAT COUNTRY?
TAKOR-Retered Clothing - Lit	huania
3. FATHER'S NAME	MAIDEN NAME
Mitchell Urbatis	lose Uruban
5. Was Deceased Ever in U. S. Armed Forces? 11 6. SOCIAL 17. INFORMANT	T A ADDRESS
Yes, no or unknown) (It yes, give wor or dates of service)   SECURITY NO.	of Records -
NO NO 212-01-0264 Hospita	of Records -
18. CAUSE OF DEATH	INTERVAL BETWEEN
3 6 /1 0	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1 - 1
LEADING TO DEATH	ealed Rt. Inguing ia with perforation he eccum
(This does not mean the made of dying, e.g., DUE TO	in will a l
heart failure, asthenia, etc. It means the disease, injury at camplication which coused death.)	ia a un perforation
the state	elecun
ANTECEDENT CAUSES  DUE TO	**************************************
DISEASES OR CONDITIONS, il ony, giving	
tise to the above cause (A) stoling the (C)	**************************************
UNDERLYING CONDITION losi.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
≥ TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.    DISEASE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPS	SY2 (Yes or No) 20R IF YES WERE FINDINGS CONSIDERED
WAS PERFORMED	SY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
L/23/05 Strangulation, Klong, Verin	
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. W home, form, foctory, street, office bldg., INJURY	WHERE DID (If in Boltimore City, give exact facation)
OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY etc.)	II OCCUR:
W OF INITION	IOW DID INJURY OCCUR?
While At Not While	
Work At Work	
22. I certify that (#) (this hospital) attended the deceased fram	3 1965 to Feb 24 1965
	_
that (1) (we) last saw the deceased alive an	after death.
and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady a	
	23B, DATE SIGNED
and have and from the causes stated above. (1) (We) (did) (did not) view the body of 23A. SIGNATURE	Med. Stoff S
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady of 23A. SIGNATURE	Med. Director Phys. \(\Begin{array}{c} \text{Plane} & \text{Stoff} & \text{Plane}
and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady of 23A. SIGNATURE  January Baltagary M.D. Attending Phys.  23C. PHYSICIAN'S	Med. Stoff S
and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady of 23A. SIGNATURE  Aurities Baltagan M.D. Attending Phys.  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	Med. Stoff Phys. Director Director April 196
and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady of 23A. SIGNATURE  Aurice Baltagar M.D. Attending Phys.  23C. PHYSICIAN'S NAME (Type)  FRANCISCO BALTA 3AR, JR M.D. 2025	Med. Director Deb 34, 196 W Faye te & Baets Md
and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady a  23A. SIGNATURE  FRANCISCO BALTA 3AR JR M.D. 23D. ADDRESS Physician's NAME (Type)  FRANCISCO BALTA 3AR JR M.D. 2025  24A. BURIAL CREMATION, 24B. DATE  124C. NAME of CEMETERY OF CREMATORY	Med. Stoff Phys. Director Director April 196
and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady a  23A. SIGNATURE  FRANCISCO BALTAZAR JR M.D. 23D. ADDRESS  Phys.  23D. ADDRESS  PANCISCO BALTAZAR JR M.D. 2025  24A. BURIAL CREMATION, 24B. DATE  124C. NAME of CEMETERY OF CREMATORY	Med. Director Dels Stoff Phys. Dels 74, 196  W Faye the & Baets Md  24D. COCATION (City, town, or county) (Stote)
and have and from the causes stated abave. (1) (We) (did) (did not) view the bady of 23A. SIGNATURE    Jackson Baltagan M.D. Attending Phys.     23C.PHYSICIAN'S NAME (Type)   23D. ADDRESS NAME (Type)   23D. ADDRESS NAME (Type)   23D. ADDRESS NAME (Type)   24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify)   24B. DATE   24C. NAME of CEMETERY OF CREMATORY PRRK 6m	Med. Director Director Phys. & Jeb 24, 196  W Faye the & Backs Md  24D. LOCATION (City, town, or county) (Stote)  1 BALTIMOVE Ma
and have and from the causes stated abave. (1) (We) (did) (did not) view the bady of 23A. SIGNATURE    Amagica   Ballagar   M.D.   Attending   Phys.	Med. Director Stoff Phys. Deb 24, 196  W Faye the & Backs Md  24D. LOCATION (City, lown, or county) (Stote)  BALTIMOVE Md  ADDRESS.
and have and from the causes stated abave. (1) (We) (did) (did not) view the body of 23A. SIGNATURE  American Baltagar M.D. Attending Phys.  23C.PHYSICIAN'S NAME (Type)  FRANCISCO BALTA 3AR JR M.D. 2025  4A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  BURIAL Specify  2127-1165 Louden PARK Com	Med. Director Stoff Phys. S Jeb 24, 196  W Faye the & Backs Md  24D. LOCATION (City, town, or county) (Stote)  BALTIMORE MA

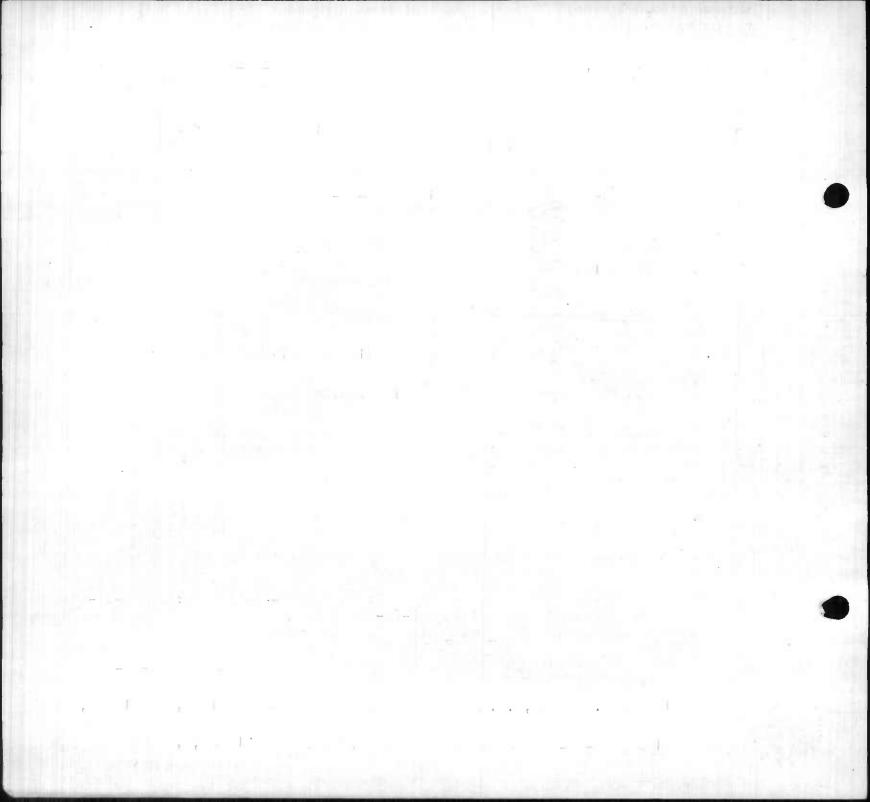


FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such

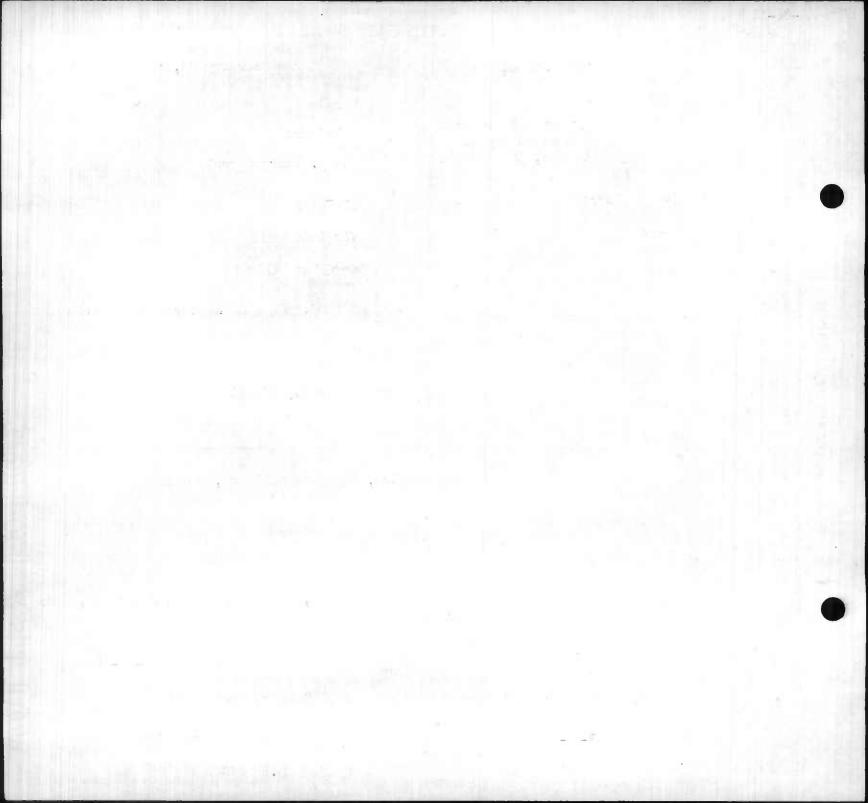
BRTH NO. 65-05086 65	2120	HEALTH DEPARTMENT		CE 0400
M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	. 65 2136
1. NAME OF DECEASED GIRL Stre	et	2. DATE AI	ND HOUR OF DEATH	1/205 0.11
B. PLACE OF DEATH IN BALTIMORE, MARYLAND			ere deceased lived. If	institution: residence before odmiss
FULL NAME OF (If not in hospital or institution)  INSTITUTION  INSTITUTION	/	-> 11	utside city limits, write	RURAL and give township)
The Hospital tor the V	Vomen of Md.	M 1	ham St.	
	OWED, DEVER MARRIED (Specify)	8. DATE OF BIRTH 2/21/65	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
OA, USUAL OCCUPATION (Give kind of work 10B. KIN one during most of working life, even if refired)	ID OF BUSINESS OR INDUSTRY	Maryland.	ign country)	12. CITIZEN OF WHAT COUNTRY?  U-S. A.
Henry Herman St	relt	Theresa Ma	rie Sh	na vh
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give war or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	Mother's Adn	51 +	ADDRESS
18. 76.2, 57	CAUSE O	7 111 0 77		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying,	e.g., QUE TO	anopia	M H GO DT TH GOOTT TH GOOD GOT GO GOTT TH	rumtes
heart failure, astheria, etc. It means the dis injury or complication which coused death.)	eose,	Construity	-	2-1/2 hrs
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, grise to the obove cause (A) stating UNDERLYING CONDITION lost.	piving			
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING O THE			
	FOR WHICH OPERATION	Yes of N	O) 20B, IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)	n or about 21C. WHERE DID	(If in Boltima	ore City, give exact locotion)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At	21F. HOW DID IN.	JURY OCCUR?	,
22. I certify that (1) (this hospital) atten		2/2/	1960 10	2/22 196
that (I) (we) lost saw the deceased alive				pinion deoth occurred on the
ond hour ond from the couses stated abo	ve (I) (We) (did) (did not) v	riew the body ofter death.		23B, DATE SIGNED
Elston 6. Re	esser, Phy	/ 0	Stoff	2/24/65
23C. PHYSICIAN'S NAME (Type)	M.D.	Hospi Cal	h Donn	- of wel. belte
REMOVAL (Specify)	4C. NAME of CEMETERY OF CR			City, Jown, or county) (Sto
Cremation 2/25/65	Womens Hospit	al 25C. FUNERAL DIRECTO	Baltimore	Md.
FEB 26 1965 Rel		ans:		omens Hospital
/S 150-REV, 1/1/65		Dexter L.	Reimann, M	M.D.



	pe or Print)	CEASED	5 2137 CERTIFICA	2. DATE A	ND HOUR OF DEAT	H	
			Y SON OF ROSEMARY	2-	22-65	9:56AM	
3.	PLACE OF DI	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Wh A, STATE B. COU	ere deceased lived. If	institution: residence, before o	
	FULL NAME		or institution, give street	MARYLAND 908			
	HOSPITAL OR	oddress or location	1)	C, CITY OR TOWN (If o	utside city limits, with	e RURAL ond give township)	
1				BALTIMORE  D. STREET ADDRESS (If Turol, give location)  1106 EAST NORTH AVENUE			
	THE JO	HNS HOPKINS	HOSPITAL				
E	S EX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH			
3,		The second second	WIDOWED, DIVORCED (specify)	2	9. AGE (In years lost birthdoy)	Months Doys Hours	
167	M	MEGRO	NEVER MARRIED	5-22-65		12, CITIZEN OF	
		working lile, even if retired)	TOO KIND OF BOSINESS OR INDUSTRI	II. BIKINFLACE (Store of for	eign country)	WHAT COUNTRY?	
13.	FATHER'S NA	ME		14. MOTHER'S MAIDEN NA	ME		
	JOHN	STRALLING		ROSEMARY C	HEESE		
15.		d Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT		ADDRESS	
116	agino or unknow	Was her Aire wot of gote	s of service) SECURITY NO.	6.175			
-	18.	0.6001	CAUSE O	F DEATH		INTERVAL BETW	
	DISEA	SE OR CONDITION DI	RECTLY			ONSET AND D	
		LEADING TO DEATH	(A) CA	RDIAC ARREST	AND APNEA		
		nat mean the made of , asthenia, etc. 11 means	dying, e.g., DUE TO	1. July = 18 = 6 x 2 ± 200 x y y y y y 1. 2 ± 2 ± 2 ± 2 ± 2 ± 2 ± 2 ± 2 ± 2 ± 2	grafie abulte able 1995 a. q. q. q. able abulte a. able able 1996. d a. 6 m. q.	0.00 0.00 0.00 0 0.00 0 0 0 0 0 0 0 0 0	
		mplication which caused	J = -41. 3				
		ANTECEDENT CAUSES	(8) M	MATURITY		~~~ = = = = = ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
		OR CONDITIONS, if	any, giving				
		ne above cause (A)	slating the (C)		******		
1.5		11					
Z	OTHER SIGN	III					
ATION		**	TED TO THE				
		DEATH BUT NOT RELA CONDITION CAUSING	TED TO THE T.  DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	lo) 208, IF YES, WER	E FINDINGS CONSIDERED	
ERTIFIC	19A. DATE C	IFFICANT CONDITIONS CODEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PER	TED TO THE T.  DITION FOR WHICH OPERATION FORMED	YES	IN CERTIFYING C	CAUSES OF DEATH?	
CERTIFIC	21A. ACCID	IFICANT CONDITIONS CODEATH BUT NOT RELA I CONDITION CAUSING IF OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF	TED TO THE T. DITION FOR WHICH OPERATION FORMED  218 PLACE OF INJURY (e.g., in home, form, factory, steet, of	YES	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)	
CAL CERTIFIC	21A. ACCID OR CONTRIE DEATH (notif	IIFICANT CONDITIONS CODEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PER	TED TO THE T.  DITION FOR WHICH OPERATION FORMED	YES	IN CERTIFYING C	CAUSES OF DEATH?	
DICAL CERTIFIC	21A. ACCID OR CONTRIE DEATH (notil	IFICANT CONDITIONS CODEATH BUT NOT RELA I CONDITION CAUSING IF OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF	TED TO THE T.  DITION FOR WHICH OPERATION FORMED  218 PLACE OF INJURY (e.g., in home, lorm, factory, street, of etc.)  (Hour) 218 INJURY OCCURRED	YES nor obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltim	CAUSES OF DEATH?	
CAL CERTIFIC	21A. ACCID OR CONTRIE DEATH (notil	IFICANT CONDITIONS CODEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	TED TO THE T.  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY(e.g., in home, lorm, factory, street, of etc.)	YES nor obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltim	CAUSES OF DEATH?	
DICAL CERTIFIC	21A. ACCID OR CONTRIE DEATH (notil 21D. TIME OF INJURY (APPROX.)	IFICANT CONDITIONS OF CONTROL OF CONDITION CAUSING IN CONDITION CAUSING IN CONTROL OF CO	TED TO THE T.  DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While At Not While At Work	YES n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID IN	IN CERTIFYING C	CAUSES OF DEATH?	
DICAL CERTIFIC	21A. ACCID OR CONTRIE DEATH (notil) 21D. TIME OF INJURY (APPROX.)	IFICANT CONDITIONS CODEATH BUT NOT RELA CONDITION CAUSING FOPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medicol examiner)  (Month) (Doy) (Year)	TED TO THE T.  DITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, lorm, factory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While At Not While At Work  Not Work  (I work)  (I work)	YES n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID IN	JURY OCCUR?	causes OF DEATH?  ore City, give exect locofient	
DICAL CERTIFIC	21A. ACCID OR CONTRIE DEATH (notil) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we	IFICANT CONDITIONS OF CONDEATH BUT NOT RELA CONDITION CAUSING IF OPERATION 198. CON WAS PER ENT WAS UNDERLYING CAUSE OF y medical examinet)  (Month) (Doy) (Year)  y that (I) (this hospital of the condition of t	ONTON FOR WHICH OPERATION    218 PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)   212 INJURY OCCURRED   While At   Not While At   Not Work   Not Wor	YES 1 or obout 21C. WHERE DID 1 inc bldg., INJURY OCCUR?  21F. HOW DID IN 9: 20 AM 2-2	JURY OCCUR?	CAUSES OF DEATH?  FOR City, give exect locotion	
DICAL CERTIFIC	21A. ACCID OR CONTRIE DEATH (notil  21D. TIME OF INJURY (APPROX.)  22. I certif that (1) (we and have as	IFICANT CONDITIONS OF CONTROL OF CONDITIONS OF CONDITION CAUSING IF OPERATION 198. CON WAS PER CONTROL OF CAUSE OF 19 medical examiner)  (Month) (Doy) (Year)  That (I) (this hospital of the cause stand from the causes stand	TED TO THE T.  DITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, lorm, factory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While At Not While At Work  Not Work  (I work)  (I work)	YES 1 or obout 21C. WHERE DID 1 inc bldg., INJURY OCCUR?  21F. HOW DID IN 9: 20 AM 2-2	JURY OCCUR?	causes of DEATH?  ore City, give exact location)  556AM 2-22-6519  plinion death accurred an	
DICAL CERTIFIC	21A. ACCID OR CONTRIE DEATH (notil) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we	IFICANT CONDITIONS OF CONTROL OF CONDITIONS OF CONDITION CAUSING IF OPERATION 198. CON WAS PER CONTROL OF CAUSE OF 19 medical examiner)  (Month) (Doy) (Year)  That (I) (this hospital of the cause stand from the causes stand	TED TO THE T.T.  DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)  (Hour) 21E. INJURY OCCURRED  While At Not While At Work  1) attended the deceased fram  and alive an 9:56AM 2-22  ted abave. (I) (We) (did) (did not) with the control of the co	YES nor obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID IN 9: 20 AM 2-2 -65.19 and to	JURY OCCUR?	increase of DEATH?  ore City, give exect locotion)  256AM 2-22-6519  pinion death accurred an	
DICAL CERTIFIC	21A. ACCID OR CONTRIE DEATH (notil 21D. TIME OF INJURY (APPROX.) 22, I certif that (I) (we and haur at	INFICANT CONDITIONS CODEATH BUT NOT RELA I CONDITION CAUSING IF OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medicol examined  (Month) (Doy) (Year)  y that (I) (this hospital ) last saw the decease and from the causes star  URE	TILD TO THE T.  DITION FOR WHICH OPERATION  218 PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)  (Hour) 21E INJURY OCCURRED While At Not While At Work  Not While At Work  at alive an 9:56AM 2-22  and alive an 9:56AM 2-22  and above. (I) (We) (did) (did nat) while At Work  At Alive At Annual Control of the control of th	YES nor obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID IN  9:20. AM 2=2  65.19 and the bady after death  and ing Med. birector Director	JURY OCCUR?	causes OF DEATH?  ore City, give exect locotion)  556AM 2-22-6519  plinion death accurred an	
DICAL CERTIFIC	21A. ACCID OR CONTRIE DEATH (notil  21D. TIME OF INJURY (APPROX.)  22. I certif that (1) (we and have as	INFICANT CONDITIONS CODEATH BUT NOT RELA ICONDITION CAUSING IF OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medicol examiner)  (Month) (Doy) (Year)  y that (1) (this hospital a) last saw the decease and from the causes sta	TILD TO THE T.  DITION FOR WHICH OPERATION  218 PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)  (Hour) 21E INJURY OCCURRED While At Not While At Work  Not While At Work  at alive an 9:56AM 2-22  and alive an 9:56AM 2-22  and above. (I) (We) (did) (did nat) while At Work  At Alive At Annual Control of the control of th	YES nor obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID IN 9: 20 AM 2-2 -65.19 and to	JURY OCCUR?	incre City, give exect locotion)  256AM 2-22-651  pinion death accurred ar	
MEDICAL CERTIFIC	21A. ACCID OR CONTRIE DEATH (non) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we and haur an 23A. SIGNAT  23C. PHYSICI NAME R I C	INFICANT CONDITIONS CODEATH BUT NOT RELA ECONDITION CAUSING F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medicol examined  (Month) (Doy) (Year)  y that (I) (this hospital ) last saw the decease and fram the causes sta  URE  WELL  ANS Type) HARD H. HELL	TED TO THE T.T.  DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour) 21E. INJURY OCCURRED  While At Not While Many Work  At Work  and alive an 9:56AM 2-22  ted abave. (I) (We) (did) (did nat) while Many Many Many Many Many Many Many Many	YES nor obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID IN 9: 20. AM 2-2 -65.19 and to liew the bady after death st. Director  23D. ADDRESS  JOHNS HOPKKNS	UJURY OCCUR?  28-65 to 9: hat in (my) (our) a	238. DATE SIGNED	
MEDICAL CERTIFIC	21A. ACCID OR CONTRIE DEATH (non) 21D. TIME OF INJURY (APPROX.) 22. I certif that (I) (we and haur an 23A. SIGNAT  23C. PHYSICI NAME R I C	INFICANT CONDITIONS CODEATH BUT NOT RELA ECONDITION CAUSING F OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF y medicol examined  (Month) (Doy) (Year)  y that (I) (this hospital ) last saw the decease and fram the causes sta  URE  WELL  ANS Type) HARD H. HELL	TED TO THE T.T.  DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour) 21E. INJURY OCCURRED  While At Not While Many Work  At Work  at alive an 9:56AM 2-22  ted abave. (I) (We) (did) (did nat) while Many Many Many Many Many Many Many Many	YES nor obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID IN 9: 20. AM 2-2 -65.19 and to liew the bady after death st. Director  23D. ADDRESS  JOHNS HOPKKNS	IN CERTIFYING CO.  (If in Boltim  UJURY OCCUR?  28-65 to 9: hat in (my) (our) a  Stoff Phys. X	eauses of DEATH?  ore City, give exect locotion)  2.56AM 2-22-6519  pinion death accurred an  238. DATE SIGNED  2-22-65	
MEDICAL CERTIFIC	21A. ACCID OR CONTRIE DEATH (noni 21D. TIME OF INJURY (APPROX.)  22. I certif that (I) (we and haur an 23A. SIGNAT  23C. PHYSICI NAME RIC A. BURIAL CR REMOVAL	INFICANT CONDITIONS CODEATH BUT NOT RELA ICONDITION CAUSING IF OPERATION 198. CON WAS PER ENT WAS UNDERLYING CAUSE OF y medical examines)  (Month) (Day) (Year)  y that (I) (this hospital ) last saw the decease and from the causes sta  URE  WELLIA  ANTS Type) HARD H. HELL  EMATION, 1248. DATE (Specify)	TED TO THE T.  DITION FOR WHICH OPERATION  218 PLACE OF INJURY (e.g., in home, lorm, factory, street, of etc.)  (Hour) 21E INJURY OCCURRED While At Not While At Work  1) attended the deceased fram	YES nor obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID IN  9:20 AM 2-2  65.19 and to the bady after death  2nding Med. 5. Director 223D. ADDRESS  JOHNS HOPKKNS	(If in Bollim  JURY OCCUR?  28-65 to 9: hat in (my) (our) a  Stoff Phys. X  COMMON COM	238 DATE SIGNED 2-22-65  BALTIMORE, M (City, town, or county)	
MEDICAL CERTIFIC	21A. ACCID OR CONTRIE DEATH (notil DEATH (no	INFICANT CONDITIONS CODEATH BUT NOT RELA ICONDITION CAUSING IF OPERATION 198. CON WAS PER ENT WAS UNDERLYING CAUSE OF y medical examines)  (Month) (Day) (Year)  y that (I) (this hospital ) last saw the decease and from the causes sta  URE  WELLIA  ANTS Type) HARD H. HELL  EMATION, 1248. DATE (Specify)	TED TO THE T.T.  DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour) 21E. INJURY OCCURRED  While At Not While Many Work  At Work  and alive an 9:56AM 2-22  ted abave. (I) (We) (did) (did nat) while Many Many Many Many Many Many Many Many	YES nor obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID IN  9:20 AM 2-2  65.19 and to the bady after death  2nding Med. 5. Director 223D. ADDRESS  JOHNS HOPKKNS	(If in Bollim  JURY OCCUR?  28-65 to 9: hat in (my) (our) a  Stoff Phys. X  COMMON COM	238 DATE SIGNED 2-22-65  BALTIMORE, M (City, town, or county)	



108 W montgomery.



(=	5)	J	BALTIMORE CIT	Y HEALTH DEPARTMENT		00	
BIRTH NO.	65 21	39	CERTIFICA	ATE OF DEATH	Registered Na.	65 2139	
NAME OF DEC	000	Ellen	Cole	2. DATE AN	23/65	1	
FULL NAME O		ar institution,	give street	4. USUAL RESIDENCE (When A, STATE B. COUN'		institution: residence before odmission	
HOSPITAL OR INSTITUTION	eddress or locotion	n)		Baltimore 23		RURAL and give tawnship)	
20 D. I	ayson so			26 S. Payson	ural, give lacotian) n <b>St</b>		
Female		W1d ow	NEVER MARRIED D, DIVORCED (specily)	Feb. 18,1902	ost birthdoyl 63	If Under 1 Yr. If Under 24 H Manths Doys Haurs Min.	
oh, USUAL OCCU	JPATION (Give kind of wark working life, even if retired)	OwnHo		Kentucky	gn country)	USA COUNTRY?	
Joseph	Sears			Rachel Rachel	ΛE		
5. Was Deceased Yes, na ar unknawn	Ever in U. S. Armed Far	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
				Walter E. Col	e, Jr. 26 S	.Payson St	
18.44	3 X I		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEAS	SE OR CONDITION DI	RECTLY		2.000	0	510.00	
(This does n	ial mean the made of	dvina ea	(A)	everno pen	whose	, says	
heart failure,	asthenia, etc. It meons	the disease,	DOE 10		d	0	
injury or com	nplication which caused	death.)	$Q_{i}$	teriorclosation	C-V Do	ease 25 uns.	
4	ANTECEDENT CAUSES		DUE TO	www.cov			
	OR CONDITIONS, if			1 :		25 uns	
	e abave cause (A) G CONDITION last.	slaling the	(CI	offereneral	*	. 5 days reside 28 yrs 28 yrs	
	11						
	FICANT CONDITIONS C			D. O.		21	
E TO THE D	EATH BUT NOT RELA	ATED TO TH		Branchopne	umomi	2 3 days	
19A. DATE OF		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIBL	NT WAS UNDERLYING DING CAUSE OF medical examiner	21 B hom etc.	ne, lorm, factory, street,	in at about 21C. WHERE DID affice bldg., INJURY OCCUR?	(II in Boltimo	re City, give exact lacolian	
21D. TIME OF INJURY (APPROXI	(Manth) (Day) (Year)		ile At Not What Work	21F. HOW DID INJU	JRY OCCUR?		
	last saw the decease		23 E.	10 18 Cart and the	at in (my) (aur) ar	3 Feb 1965	
			1) (We) With (did not)	view the bady after death.			
23A. SIGNATU			7 ( -07 (0.07 (0.0 101)	The body after deaths		23B, DATE SIGNED	
	H. 4 6	1	M.D. At	tending Med.	Stalf		
22C BUYELEIA	1. h. h. k	byw	Ph		Phys.	2312464	
23C. PHYSICIA NAME (T		AYL	US M.D.	1600 W	elkers	are Belto V	
24A. BURIAL CRE	MATION, 24B. DATE Specify)	24C. N	AME of CEMETERY of CI	REMATORY 24D. LC	OCATION (	City, tawn, ar countyl (State	
Buria	- 10-1-	55 St	Peters	Bal	to.Mi.		
	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	
	EB 26 1965	Of les	E. Salley M.A.	W. L. FID.	E .	Jan Ara	
/S 150-DEV 1/1/	45	Lan Alan		i take	1101 dmo	ndson Ave	

30 - 21, 2 . . . in the Vivinian contribution 5 73 5 W the state of the s the same Britishey numerical with the Hold and the state of t Most to when we work, my

>	1.5	1
-	ath sed	the
	f de	h. S
	ospi se o	deat
	caus Se;	to to
	ing ing	# 10 7
	ribut	olar nade
	conti	reg eas
	or Jnde	de de sitio
-	rect (4) (	the ispos
AN	stan se d ind;	e on
ORI	assi if th ny k	danc danc
MP	lso, of a	tten ed
FUNERAL DIRECTOR: IMPORTANT	er o	rong ar a
10	mine	age i
REC	exal	in W
0	dical ical rns;	sicia Vas nain
RAI	med v	phy ian v
JNE	chie Bod	the ysic
7	the alb	o ph
	d by ospit ture	6) N (9)
	rove re ho	nd (
	app to th	); (c)
	t be sed	spite leat
	mus elec	to of
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	dy (E)	Sed I
	is ce	as D scea: ritte
	투 ÷ ·	₹ ō ₹

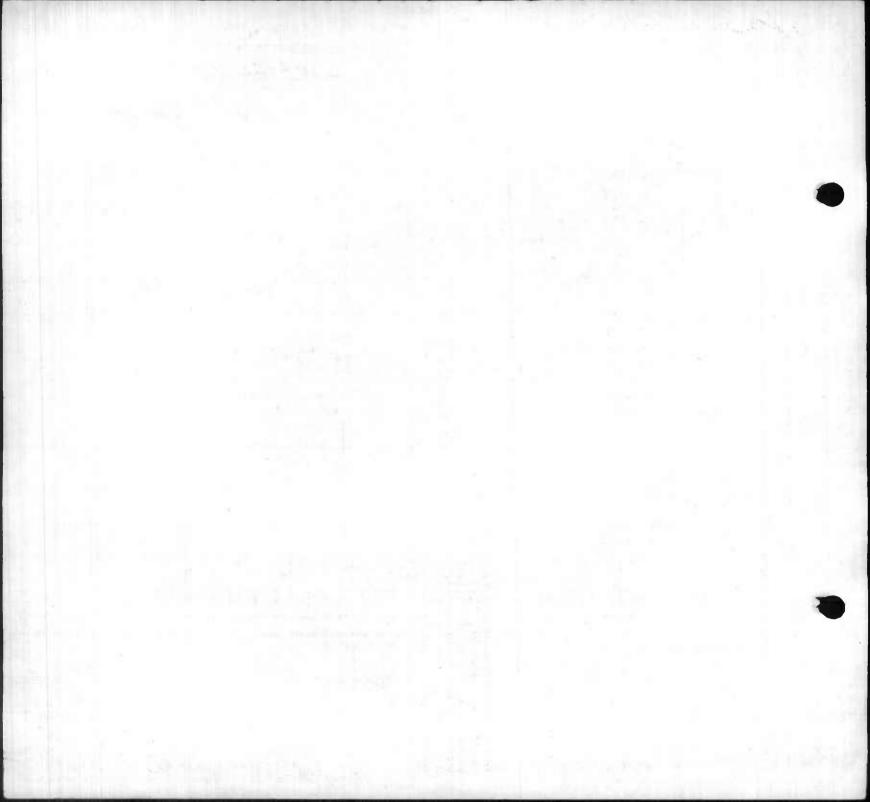
4	5 2140	BALT	TIMORE CITY	HEALTH DEPARTMEN	T	CE OLIO
BIRTH NO.	5 2140	CEI	RTIFICA	TE OF DEAT	H Registered No.	65 2140
1. NAME OF DE	BABY BOY	PARSONS			12 65	6:00 P
3. PLACE OF D  FULL NAME HOSPITAL OR INSTITUTION		or instilution, give street		MARYLAND	OUNTY  If autside city limits, wille  (If rurol, give location)	RURAL and give township)
5. SEX BOY	6. RACE WHITE	7. MARRIED, NEVER MA	D (specify)	8. DATE OF BIRTH 2 12 65	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Min
	CUPATION (Give kind of world)  of working life, even if retired)  NT	TOB. KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (Stole of MARYLA)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA				CAROLYN	SKIERKOWSK	1
	ed Ever in U. S. Armed For vn)(If yes, give wor or dote		L ITY NO.	ST AGNES HO	SP RECORDS	ADDRESS
(This daes heart failure injury ar co	ASE OR CONDITION DIS LEADING TO DEATH nat mean the made of b, asthenia, etc. It means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if	dying, e.g., the disease, death.)	(A) DUE TO  (B) DUE TO	Imma fu	rity	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGN TO THE DISEASE OF		ONTRIBUTING TO THE T. DITTON FOR WHICH OPE		20A. AUTOPSY? (Yes	or No)  208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	WAS PER		INJURY (e.g., in	or obout 21 C. WHERE DI	ID (If in Boltimo	ore City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		Not While At Work		INJURY OCCUR?	
that (I) (we	GRACE P. AYUYAC REMATION, 24B. DATE (Specify)	ed olive on 2 12 red obove. (I) (We) (dic	d) (did not) v  M.D. Atte Phys  M.D.  METERY or CRE	nding Med. Director  3D. ADDRESS  MATORY 24	Stoff Phys. 12	2 12 1965  Dinion deoth occurred on the  23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 33B. DATE SIGNED 35B. DATE SIGNED
Buri 25A. DATE REC	al 2/25/6 D BY HEALTH DEPT. FEB 2 6 1965	258. NAME OF REGISTRA	Alley MA	metery Witzke F.D	Baltimore 2 14161 Edmon	dson Ave
/S 150-REV. 1/1	/65					

State White Total Co. SERVIN

es application of the second

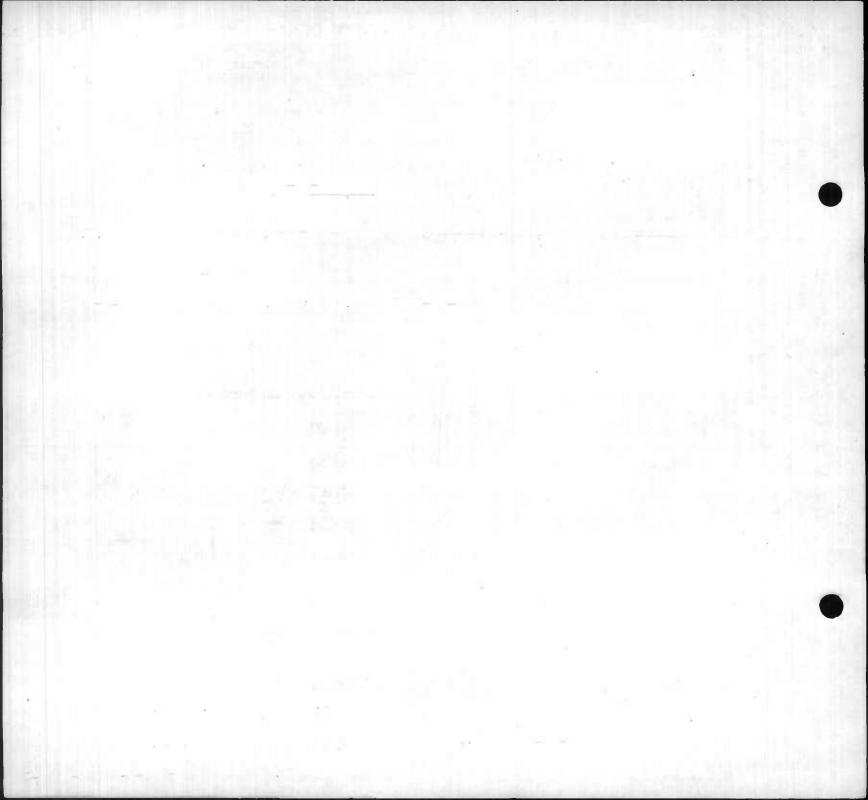
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

+		BALTIMORE CITY	HEALTH DEPARTMENT		
- 11	AL CASE NO. 5 65 2141	CERTIFICA	TE OF DEATH	Registered No	65 2144
1	NAME OF DECEASED	5	2. DATE AN	D HOUR OF DEATH	20
IL.	Type or Print DethKen Mrs	Pearl 6	2-	35-65	3 - P M.
3	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		stitution: residence before admission)
	FULL NAME OF (If not in hospital or instituti	ion, give street	Md		Brotte
	HOSPITAL OR oddress or location)		C. CITY OR TOWN (If out	tside city limits, write R	URAL ond give lownship)
1	B. San H.	+1	Baltin	ore 271	3ALTO HIGHLANDS
1	BON Secours Hos	pilal	D. STREET ADDRESS (If	rural, give location)	KIL
			3912 VIV	9101a a	ve. 5300
5		WED, NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	F. W. M	arried	1-31-15	50	
	OA. USUAL OCCUPATION (Give kind of work 10 B. KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	H.W. Yle	of Home	Da Itimo	ro Mr.	u.s.a.
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME )	
	Henry Marchall		Bothy 1	(nunnell	
1	5. Was Deceased Ever in U. S. Armed Forces?  (es, no or unknown) (If yes, give wor or dates of servi	ce) 1 6. SOCIAL	17. INFORMANT	lin 10 not	I bo ADDRESS AM
	The state of the s	SECORITI NO.	P 90 7	The files	10 A 111
╟	18. / 5)	CAUSE O	F DEATH	Uns profile	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(A) Inel	estati Cerum	man of the	
I	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise			Our il	
	injury ar complication which coused death.)			- 11111	
	ANTECEDENT CAUSES	(B)	***************************************		
	DISEASES OR CONDITIONS, if ony, give				
	rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	lhe (C)		*************************	
	11				
	OTHER SIGNIFICANT CONDITIONS CONTRIBU				
	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
	214 ACCIDENT WAS UNDERLYING	1212 81 4 85 85 11111111	no		
Н	OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
ш	U	etc.)			
	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	(APPROX)	While At Not While Work		P	
	22. I certify that (I) (this hospital) attended		Jeb 25 1	19 65 to fee	25 19 65,
	that (1) (we) last saw the deceased alive	an 46.25	19 65 and the	at in (my) (aur) apir	nian death accurred an the date
	and haur and from the causes stated above	e. (1) (We) (did) (did nat)			
	23A. SIGNATURE		,		23B. DATE SIGNED
	Branda: P Pal	M.D. Atte	ending Med. Director	Stoff Phys.	It. 25, 1965
	23C. PHYSICIAN'S	100	23 D. ADDRESS	, 50 6	70. 6-7770
	SEALA OA O DA	M.D.	BON SO	ECOURS	HOSPITAL
2	4A RURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRE			y, town, or county) (State)
11	REMOVAL (Specify) 3	4	Let /	2 11/2	20 20 /
100	wriae + 11/6 0	auton	1-1-	dexe:	27 ma
1	FFR 96 1985	of E. FarkyM.A	25C. FUNERAL DIRECTOR	11011101	S ADDRESS COM
L	FEB Z 0 1900 (12/2)	WE, Valvey First	will ale	W14/0/4	Samousse
. 4	# 1 ## 11 # T # 17 17 W #		-		



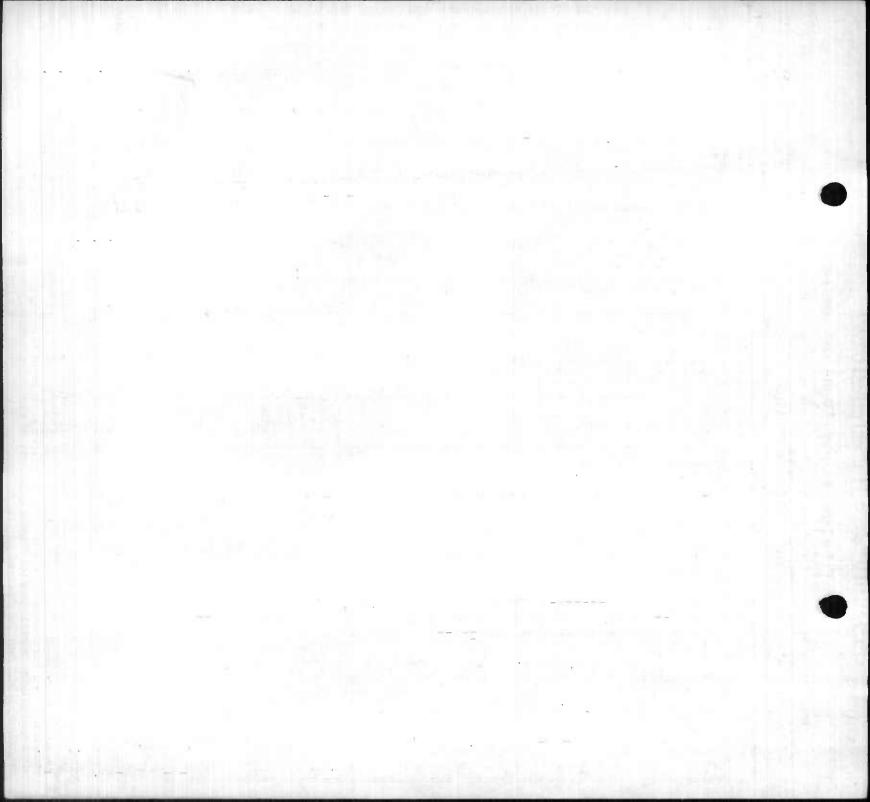
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, sand (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMO	RE CITY HEALT	H DEPARTMENT		05	
BIRTH NO.	C5 91 AS	CERTIF	FICATE O	OF DEATH	Registered No	. 55	2142
M.E. CASE NO.	CEASED C14C	,		2. DATE	AND HOUR OF DEAT	гн	
Type or Print)	Leaberry, H	larry		Feb	ruary 24 19	65	8.07P
PLACE OF DE	EATH IN BALTIMORE, MA	RYLAND	A. STA	TE B. COL	hore decoased lived. If		e before admission
FULL NAME		ai institution, give street		laryland	antalda alta liadta inde	a PILPAL and also	An una nhi nì
INSTITUTION			E	Baltimore#2		TO ROLL OF SIVE	D'ship!
	St. Joseph	Hospital		.309 N. Cal	If rural, give location)  Vert St.		
male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spo Married	14.3	ept 1880	9. AGE (In yeors lost birthday)	Months Doys	If Under 24 Hrs Hours Min.
	UPATION (Give kind al war I working lile, even if retired)	108. KIND OF BUSINESS OR IN				12. CITIZEN OF	F UNTRY?
Reti		Salesman		Stamford,	England	U.	
FATHER'S NA		010.2.0 01.10.42	14. MC	THER'S MAIDEN N		0.	
	T						
	Ernest Lab	ices? 16. SOCTAL	17. INF	orman S	mith =	ADDR	RESS
Yas, na oi unknaw	(II yes, give was as date	os of solvice) . SECURITY NO	6. 207   Irc	FlorenceV	Leaberry(wi	fa)]700 II_	Calwant S
1B, 11 =	110	N P	AUSE OF DEAT		nearetth/ "I		VAL BETWEEN
163	S A CONDITION D	盟 [ ]	AUSE OF DEAT				AND DEATH
DISEA	SE OR CONDITION DI LEADING TO DEATH	(1)	0	of Tone	with metast	acie	
(This does	nal mean the made of	<b>海</b> 斯 (第(A)	TO	of Lung	WIOII NEOGSO	GSTS	, no
heart failure	, asthenia, etc. It means	s the disease,					
injuly of co	mplication which caused		Wa I muta	ition & De	hydnation		
	ANTECEDENT CAUSES	DUE	TO	TOTOIL & De	myuranton	************	
	OR CONDITIONS, if					11/	
	ne abave cause (A)	sloling the					
	- 11						
OTHER SIGN	III	CONTRIBUTING				-0.0	
E TO THE	DEATH BUT NOT REL	ATED TO THE					
	F OPERATION 198 COM	NDITION FOR WHICH OPERATIO	20 A	NO	No. 208. IF YES, WEI	RE FINDINGS CONS	DERED?
U 21A. ACCIDI	ENT WAS UNDERLYING	218 PLACE OF INJUI	RY (e.g., in at abo	ut 21 C. WHERE DID	(If in Baltim	naio City, give exect	t location)
DEATH (notif	UTING CAUSE OF y medical examines	home, faim, factory, etc.)	street, office bldg	INJURY OCCUR?			
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E INJURY OCCUR	RED	21F. HOW DID II	NJURY OCCUR?		
(APPROX.)		While At Work	Not While At Work	7.0			
22 1			975 4	200	19 65 to F	- l 01	10 (5
		1) attended the deceased fra				ebruary 24	195
		ed alive an February				pinian death acc	urred an the do
and have ar	nd fram the causes sta	ited abave. (I) (We) (did) (did	d nat) view the	bady after death	1.		
23A. SIGNAT						23 B. DATE SIGN	
	Tou	aise m	A.D. Attending Phys.	Med.	Stoff Phy s.	2/24/	/65
23C. PHYSICI	AN'S Type)		23 D. AD	DRESS			
IAMAGE		rse I	M.D. 1110	ON Camal	ina Ct -	2	1213 Md.
4A. BURIAL CR	EMATION, 24B, DATE	24C. NAME of CEMETER				(City, town or count	ity) (State)
REMOVAL	(Spacify)						
buri	al Feb-2	7-65 Loudon Par 258. NAME OF REGISTRAR		FUNERAL DIRECT	Baltimore.	21. 21220	DDRESS
JAI DATE RECT	EFR 26 1985	12. O. fr E Jaile	L. M.B.			AL	PD KE33
	FED ZO 1300	Maren C. Jane	S:	Byant / Ma	Man Commerce	300 10 10	



VS 150-REV. 1/1/65

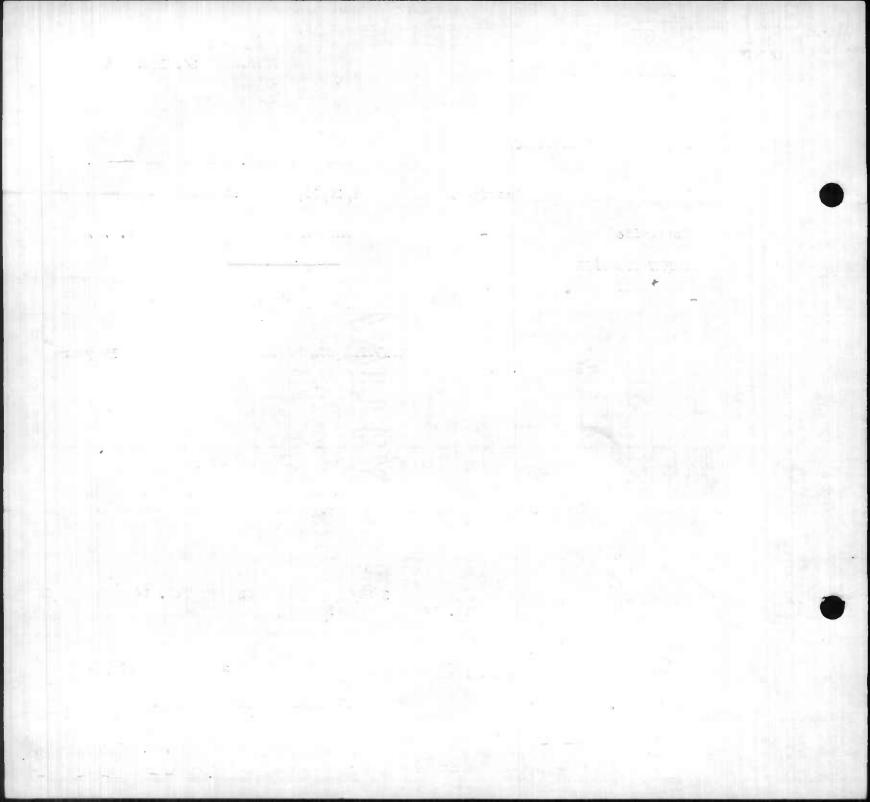
M.E			BALTIMORE CITY	Y HEALTH DEPARTMENT		
-	TH NO. 65 2	143	CERTIFICA	TE OF DEATH	Registered Na.	65 2143
1. N	ALLE OF DECEASED		0 1 10 11	2. DATE ANI	HOUR OF DEATH	
тур	Siste	r Vincent (	Creaghan (Cather	rne Agnes, Jeb.	ruary 24, 1	965 8.45 a.M. M. nstitution: residence before admission)
3. P	PLACE OF DEATH IN BALTI	MORE, MARYLAND		A. STATE B. COUN	TY	- C- 111
-		in hospital or institu s ar lacation)	tion, give street	Maryland, Bal	timore side city limits, write	RURAL and give township)
4	Villa St. Michael - 4000		4000 Forest	Baltimore D. STREET ADDRESS (If 1		
	Hill Rd. B			4000 Forest	urol, give location) Hill Road	
. 5	GEX G. RACE	WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify) ever married	3-10-71	AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
		e kind of work 10B. KIN		11. BIRTHPLACE (State or foreig		12. CITIZEN OF
ane	e during mast of working life, even		• 4 1	M . 1 1		WHAT COUNTRY?
3.	FATHER'S NAME	h	ospital	Maryland 14. MOTHERS MAIDEN NAM	A F	U.S.A.
.30	Michael			Catherine		
5, 1	Was Deceased Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT	recy	ADDRESS
es	s, na arunknawn) (It yes, give	war ar dotes of ser	vice) SECURITY NO.		0	
_	no		2.1/22	Sister Mary.	Course, Adm	unistrator
	18. 120X		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR COND					
	(This does not mean the		(A) C	arcinomatosis	***********	2 years
	heart failure, asthenia, etc	c. It means the dis	ease,			
	injury or complication which caused death.)					
	ANTECEDENT CAUSES  (B)   GENERAL SEE WOLLD SCHOOL    DUE TO					1 A Land of Calle
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the		eneralized arteriosclerosis ( arcinoma of breast		3 years	
	UNDERLYING CONDITIO		III.e. (C)			Jews
2	OTHER SIGNIFICANT CON	DITIONS CONTRIB	UIING			
MOIN	OTHER SIGNIFICANT CON TO THE DEATH BUT	NOT RELATED T	O THE			
TIFICATION	OTHER SIGNIFICANT CON	IDITIONS CONTRIB NOT RELATED TO CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? IYes or No.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CERTIFICATION	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION	NOT RELATED TO CAUSING IT.  198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	in ar about 21 C. WHERE DID		FINDINGS CONSIDERED LUSES OF DEATH?  The City, give exact lacotion
AL	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNE OR CONTRIBUTING CAL DEATH (1981/4) PROSTED AVAILABLE OF THE PROSTED CAL DEATH (1981/4) PROSTED CAL DEATH (198	NOT RELATED TO CAUSING IT.  198. CONDITION WAS PERFORMED  DERLYING USE OF	FOR WHICH OPERATION	in ar about 21 C. WHERE DID		
A.	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNE OR CONTRIBUTING CAL DEATH (1981/4) PROSTED AVAILABLE OF THE PROSTED CAL DEATH (1981/4) PROSTED CAL DEATH (198	IDITIONS CONTRIB NOT RELATED TO CAUSING IT.  198. CONDITION WAS PERFORMED DERLYING USE OF	FOR WHICH OPERATION  218 PLACE OF INJURY (e.g., hame, form, foctory, street, cetc.)	in ar about 21 C. WHERE DID	(If in Baltiman	
A.	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNE OR CONTRIBUTING CAL DEATH (1981/4) PROSTED AVAILABLE OF THE PROSTED CAL DEATH (1981/4) PROSTED CAL DEATH (198	IDITIONS CONTRIB NOT RELATED TO CAUSING IT.  198. CONDITION WAS PERFORMED DERLYING USE OF	THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)  218. INJURY OCCURRED  While At Not Whi	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltiman	
MEDICAL	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNE OR CONTRIBUTING CAUDEATH (notify medical example)  21D. TIME (Manth) (DOF INJURY (APPROX.)	ADITIONS CONTRIB NOT RELATED TO CAUSING IT.  198. CONDITION WAS PERFORMED DERLYING USE OF miner)  199. CONDITION WAS PERFORMED DERLYING USE OF miner)	THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)  218. INJURY OCCURRED  While At Not White At Work	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Baltimar	e City, give exact lacotion)
MEDICAL	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNE OR CONTRIBUTING CAL DEATH (notify medical example)  21D. TIME (Manth) (DOF INJURY (APPROX.)	ADITIONS CONTRIBUTED TO CAUSING IT.  198. CONDITION WAS PERFORMED DERLYING USE OF mined Day) 1Year) 1Hourn	THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)  218. INJURY OCCURRED  While At Nat White At Wark  ded the deceosed from Acceptable At the deceosed f	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltiman	e City, give exact lacoxon)
MEDICAL	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNE OR CONTRIBUTING CAUDEATH (notify medical example) CAUDEATH (notify medi	ADITIONS CONTRIB NOT RELATED TO CAUSING IT.  198. CONDITION WAS PERFORMED DERLYING USE OF miner)  199. Condition Was Performed USE OF miner)  199. (1991) 14000	THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Nat Wark  ded the deceosed from January on Jebruary 23	in or obout 21C. WHERE DID strice bldg., INJURY OCCUR?  21F. HOW DID INJU	(If in Baltiman	e City, give exact lacoxon)
MEDICAL	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNE OR CONTRIBUTING CAUDEATH (notify medical example) CAUDEATH (notify medi	ADITIONS CONTRIB NOT RELATED TO CAUSING IT.  198. CONDITION WAS PERFORMED DERLYING USE OF miner)  199. Condition Was Performed USE OF miner)  199. (1991) 14000	THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)  218. INJURY OCCURRED  While At Nat White At Wark  ded the deceosed from Acceptable At the deceosed f	in or obout 21C. WHERE DID strice bldg., INJURY OCCUR?  21F. HOW DID INJU	(If in Baltiman	e City, give exact lacotion)  execut
MEDICAL	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNE OR CONTRIBUTING CAUDEATH (notify medical example) CAUDEATH (notify medi	ADITIONS CONTRIB NOT RELATED TO CAUSING IT.  198. CONDITION WAS PERFORMED DERLYING USE OF miner)  199. Condition Was Performed USE OF miner)  199. (1991) 14000	THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not White At Work  ded the deceosed from Company on John Mark (did not)  ve. (1) (We) (dtd) (did not)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	(If in Baltiman	e City, give exact lacoxon)
MEDICAL	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNE OR CONTRIBUTING CAUDEATH (notify medical example) CAUDEATH (notify medi	ADITIONS CONTRIB NOT RELATED TO CAUSING IT.  198. CONDITION WAS PERFORMED DERLYING USE OF miner)  199. Condition Was Performed USE OF miner)  199. (1991) 14000	THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not White At Work  ded the deceosed from Company on John Mark (did not)  ve. (1) (We) (dtd) (did not)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	(If in Baltiman	e City, give exact lacotion)  essent 19 Inlon death occurred on the date
MEDICAL	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNE OR CONTRIBUTING CALDEATH (notify medical example)  21D. TIME (Manth) (DOF INJURY (APPROX.)  22. I certify that (I) (this that (I) (was) last sow the ond hour and from the calded and th	ADITIONS CONTRIB NOT RELATED TO CAUSING IT.  198. CONDITION WAS PERFORMED DERLYING USE OF miner)  199. Condition Was Performed USE OF miner)  199. (1991) 14000 11900 11	THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)  218. INJURY OCCURRED  While At Not White At Wark  ded the deceosed from At Wark  oon Aboutety 23  ve. (I) (We) (dtd) (did not)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	(If in Baltiman	e City, give exact lacotion)  execut
ME	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNE OR CONTRIBUTING CAUDEATH (notify medical example) CAUDEATH (notify medi	ADITIONS CONTRIB NOT RELATED TO CAUSING IT.  198. CONDITION WAS PERFORMED DERLYING USE OF miner)  199. Condition Was Performed USE OF miner)  199. (1991) 14000 11900 11	THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)  218. INJURY OCCURRED  While At Not White At Wark  ded the deceosed from At Wark  oon Aboutety 23  ve. (I) (We) (dtd) (did not)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 65 ond the oview the body after death.	(If in Baltiman	e City, give exact lacotion)  essent 19 Inlan death occurred on the date
MEDICAL	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNE OR CONTRIBUTING CAL DEATH (notify medical example)  21D. TIME (Manth) (DOF INJURY (APPROX.)  22. I certify that (I) (this that (I) (we) last sow the ond hour and from the call of the call	Alaaia	THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not White At Work  ded the deceosed from Con John Con John (did not)  Ve. (I) (We) (dtd) (did not)  M.D. Att	in or obout 21C. WHERE DID infice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6.5 ond the original of the original of the original of the original occurs.  23D. ADDRESS	ORY OCCUR?  9toto of in(my) (our) op!	esent 19 19 19 19 19 19 19 19 19 19 19 19 19
MEDICAL	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNE OR CONTRIBUTING CAL DEATH (notify medical exam  21D. TIME (Manth) (D  CAL TIME (Manth) (D	Alaaia	THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not White At Work  ded the deceosed from on John Colonia (did not)  Ve. (I) (We) (dtd) (did not)  At M.D. At Physical (did not)	in or obout 21C. WHERE DID infice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6.5 ond the original of the original of the original of the original occurs.  23D. ADDRESS	ORY OCCUR?  9toto of in(my) (our) op!	e City, give exact lacotion)  essent 19 Inlan death occurred on the date
MEDICAL	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNE OR CONTRIBUTING CALDEATH (notify medical example)  21D. TIME (Manth) (DOF INJURY (APPROX.)  22. I certify that (I) (this that (I) (we) last sow the ond hour and from the condition of the c	Alaaia	THE  FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not White At Work  ded the deceosed from Con John Con John (did not)  Ve. (I) (We) (dtd) (did not)  M.D. Att	in or obout 21C. WHERE DID infice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6.5 ond the original of the original of the original of the original occurs.  23D. ADDRESS	ORY OCCUR?  9toto of in(my) (our) op!	esent 19 19 19 19 19 19 19 19 19 19 19 19 19
MEDICAL	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNE OR CONTRIBUTING CAL DEATH (notify medical exam  21D. TIME (Manth) (D  22D. TIME (Manth) (D  23D. TIME (Manth) (D  23D. PHYSICIAN'S NAME (Manth) (D  23D. PHYSICIAN'S NAME (Manth) (D  24D. TIME (Manth) (	DERLYING USE OF Thinest Object of the courses stoted obout the course stoted o	218. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)  218. INJURY OCCURRED  While At Not White At Work  ded the deceosed from on John M.D. At Work  ve. (I) (We) (dtd) (did not)  M.D. At M.	in or obout 21C. WHERE DID infice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 6.5 ond the original of the original of the original of the original occurs.  23D. ADDRESS	ORY OCCUR?  9toto of in(my) (our) op!	esent 19



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

			BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	65 2144		CERTIFICA	TE OF DEATH	Registered No.	65 2144
M.E. CASE NO.				2. DATE	AND HOUR OF DEATH	
(Type or Print) ANN	A MARY ROGE	DC		FI	EBRUARY 24.	1965   7 AM
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WI	hero doceased lived. Il i	nstitution: residence beloro admission
EIN DIAME	OF (If not in hospital	an impelenting	aus sheet	M RYLAND	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Mar Office
HOSPITAL OR	oddress or location		give street		outside city limits, write	RURAL and give township)
INSTITUTION				BALTIMORE		63-00
MOM EBEL	LO STATE HOSP	TAL		D. STREET ADDRESS	If rural, give location)	
				PAINTERS M	ILL, OWINGS	ALLLSSVd.
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
F	W	Marr	o, DIVORCED (specify)	9/30/13	52	Total State of State
	UPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	working life, even if retired)		_ none	MARYLAND		U.S.A.
House			110110	14. MOTHER'S MAIDEN N	AME	U. D. A.
	SLONAKER			-ANNIE-KE	(Bla	nche Weller)
		3	11 6 60 61 41	17. INFORMANT	man (Date	ADDRESS
Yes, no or unknow	d Ever in U. S. Armed Ford	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
			MOITS	Records at W	ontehello "o	spital
18. 34	5 X I		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIR	RECTLY				
	LEADING TO DEATH		(A) MUL	TIPLE SCIEROSI	5	19 years
	not meen the mode of osthenio, etc. It meens		DUE TO			
injury or cor	mplication which coused	deoth.)				
The state of	ANTECEDENT CAUSES		(B)			
	OR CONDITIONS, if					
	ne obove couse (A)	sloling lhe	(C)			
ONDEREIN	11					
Z OTHER SIGN	II  IIFICANT CONDITIONS C	ONTRIBUTING	G			
Y TO THE D	DEATH BUT NOT RELA	TED TO TH	E			
	F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No! 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE O	WAS PERF	FORMED		YES	IN CERTIFYING CA	LUSES OF DEATH?
13 21 A. ACCIDE	ENT WAS UNDERLYING		PLACE OF INJURY (o.g., i	n or obout 21C. WHERE DID	(If in Boltimo	re City, give exact facation)
▼ DEATH (notify)	UTING CAUSE OF y modical examinar	etc.		mee bidg., INJURI OCCUR:		
21D. TIME	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
OF INJURY			ile At Not Whil	е		
(APPROX)		Wa		100 /	.62 . Fe	b. 24 10 65
	y that (1) (this hospital			I I	162 to Fe	19
that (I) (we	) lost saw the decease	d olive on	reb. 24	1965 and	that in (my) (our) ap	finion death occurred on the do
				riew the body ofter death	1.	
23A. SIGNAT	URE /	7 /			-7	23B. DATE SIGNED
lile	will. Till		M.D. Atte	ending Med. Director	Stoff Phys.	2/24/65
23C. PHYSICI	ANS	cheare	ALCO II	23D. ADDRESS	- II y or Lipson	~/ ~~/ ~~
NAME (	Type)	ano.	M.D.		CRATTE UA DE	TAT
REUBI	EN C. GUERRE				STATE HO PI	
REMOVAL	(Specify)	24C. N	AME of CEMETERY OF CRI	EMATORI 24D.	LOCATION	City, town, or county) (State)
buri.	al Teb-27.	-65	Toulon Park		Paltimore	161 27.000
25A. DATE REC'D	D BY HEALTH DEPT.	258. NAME C	OP REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS

Robert E. Jankey M. M. 26 1965 Morren Stewart & VS 150-REV. 1/1/65

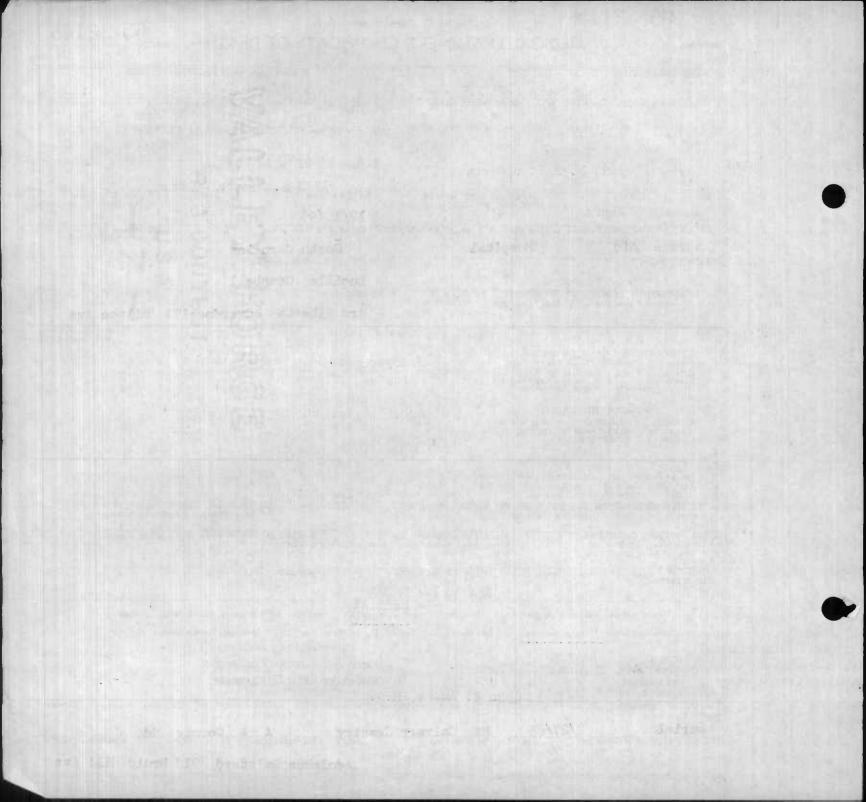


FULL NAME OF HOSPITAL OR

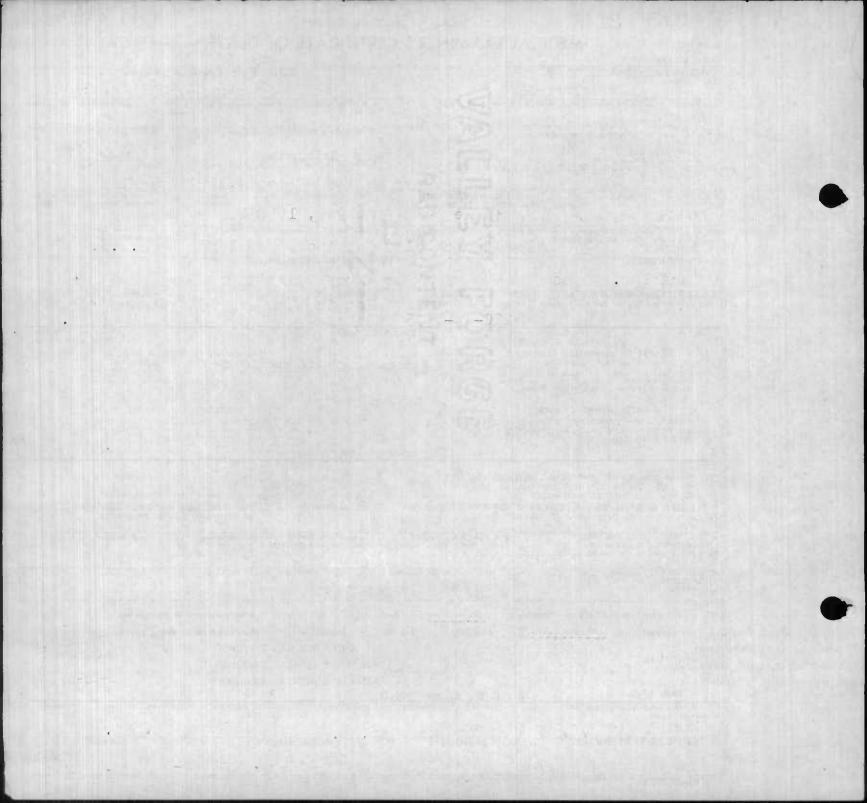
Adolphus Halstead 918 Druid Hill Ave

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD CORA SHELTON February 24, 1965 4:30 P.M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore D. STREET ADDRESS (If rurol, give location) 1133 N. Milton Avenue 1133 N. Milton Avenue 8. DATE OF BIRTH 7. MARRIED, NEVER MARRIED 6. RACE 9. AGE (In years lost birthday) WIDOWED, DIVORCED(specify) Negro 12/10/99 65

5. SEX If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. Female 10A, USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? NUTSES AID Hospital South Carolina 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lucille Campbell 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL ADDRESS (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO. Mrs Alberta Edwards 1133 Milton Ave CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hemopericardium (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO rupture of heart ANTECENDENT CAUSES Arteriosclerotic cardiovascuaar DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. disease CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFIC DISEASE OR CONDITION CAUSING IT. Partial 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21 A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Year) OF INJURY m. WHILE AT NOT WHILE (APPROX.) 22. Partial Inspection I certify that I held an Inquiry Autopsy and that on this bosis, death In my opinion resulted from: Natural couses Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 2-25-65 EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) John E. Adams. M.D 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMÉTERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Calvary Cemetry A Burial 24B, NAME OF REGISTRAR County Md



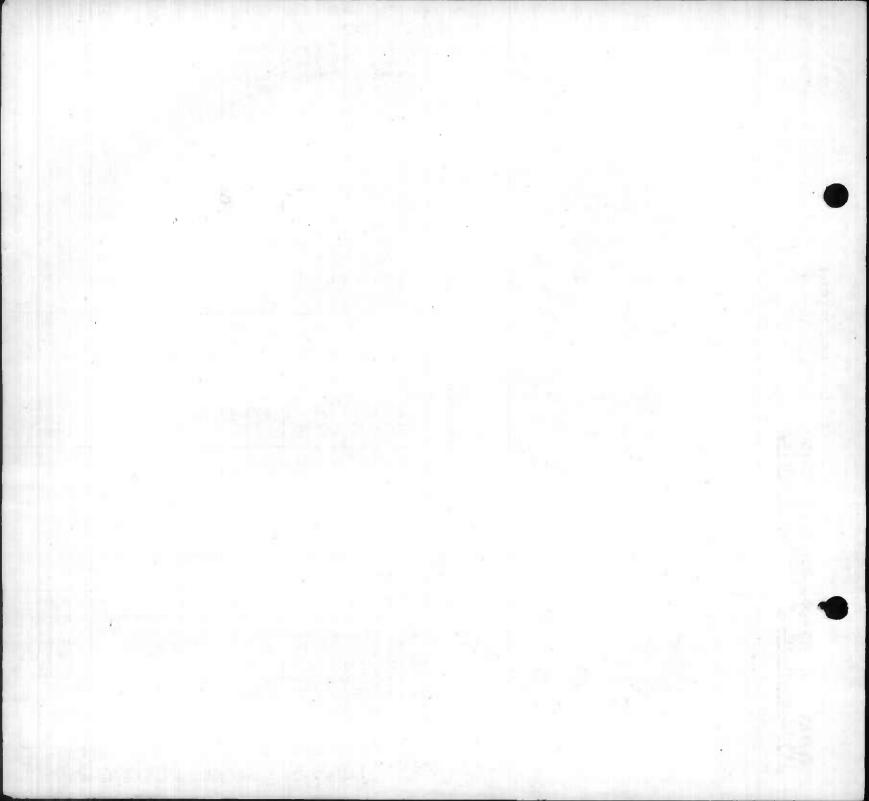
BIRTH NO.	MED	ICAL EX	AMINER'S	ERTIFICA	TE OF D	EATH Registe	ered No	Editor.
M.E. CASE NO.								
(Type or Print)		CHASE				ruary 24,		6:30 P. <sub>M</sub>
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESID		deceased lived. Il ins	titutian: residen	ce belare admissia
FULL NAME OF	IIF NOT IN HOSPIT	AL OR INSTITU	TION CIVE STREET	Mar	yland			
HOSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOCA	(TION)			timore	corporate limits, writ	e RURAL and	give tawnship)
4.50	3414 Gyynns	Falls P	arkway	D. STREET ADD	RESS (If rural,	give locotion) Falls Parl	kway	
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years last birthday)	If Under 1	Yr. If Under 24 Hr
Female	Negro	Sin		July 6	•	78	8 8	Haurs Min.
	UPATION (Give kind of wor working life, even if retired)		c School	Baltime			12. CITIZEN WHAT	COUNTRY?
13. FATHER'S NAM	ME			14. MOTHER'S N				
Danie.	1 D. Chase			Lucy 1	Ducket	t		
15. WAS DECEAS	(If yes, give war ar date	FORCES?	16. SO CIAL SECURITY NO.	17.INFORMANT Lottie	& Chase	3414	ADDRESS Gwynns	Falls
170		220	-44-7545	Daisy E OF DEATH	021000			TRWY .
DISEASES RISE TO THE UNDERLYI  OTHER SIG	ANTECENDENT CAUSI OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST.  II SNIFICANT CONDITIONS DEATH BUT NOT RE DR CONDITION CAUSING	CONTRIBUTION	(B)					
19A. DATE O	F OPERATION 198, COM		HICH OPERATION	20A. AUTOPS		20B. IF YES, WERE FI		
UTING CAL	AL CAUSE WAS  OR CONTRIB- USE OF DEATH.	218, P hame, etc.)	form, factory, street,	, in or obout 21C. affice bldg., INJUR	WHERE DID (	f in Baltimare City, g	ive exact lacot	lian)
21D TIME OF INJURY	(Manth) (Day) (Yea	r) (Haur) 21	E. INJURY OCCURRED	21 F. H	OM DID INJU	RY OCCUR?		
(APPROX.)		m. W	ORK NOT	WHILE WORK				
22. I cer	rtify that I held an I	nqulry 🗌			d that an thi	s basis, death In t	my opinian	
resu	Ited from: Natural ca	uses X A	coldent Suici	de Homic	ide 🕒 U	ndetermined monn	er _	
ACTUA SIGNAT		. Ad	M.I	CHIEF M	MEDICAL EX	The second secon		DATE SIGNED
EXAMINAME (		John	E. Adams, M.	ASSOCIATE A	MEDICAL EX	AMINER	2	2-25-65
23A, BURIAL CRE REMOVAL (Special			NAME OF CEMETERY		23 <b>D. L</b> C	CATION (City	, town, or cour	nty) (State)
Buria	1 3/1/6	5	Arhitia I	em Pk	Ba	ltimore (	Co. Id	/
24A. DATE REC'D	BY HEALTH DEPT.	24B. NAME C	OF REGISTRAR		RAL DIRECTOR			DRESS
FEB 26	1965 120 6	CI	2 2	Hery	ert E.	Nutter-3	3035 V	. lorth
VS 151-REV. 1/1.	/65	C. 404	AU, MAIL					



- - - 51 73 A DESIGN CORP.

B -	2361
B-	and eath ased the
13.	100 P
	hosp use (5) I lance dea
	cau use; tend
	od ca prio
	mine gulo sed
	con con leter in re ecea
	dea ct or Und vas vas ositi
Z	dire dire di, (4, th v
RTA	the the kind dea nce
0	is as any any and anda
Ξ	Also noun atte
FUNERAL DIRECTOR: IMPORTANT	ner. actu pro ular mba
ECT	A fr who reg
DE	al es s; (3) si in si in
AL	medic ledic burn hysi n we
ZER	a mody he p
5	he cl by (2) B re t phy fore
	by the price; when when the price; which the price
rie:	oved b hose cept d (6
•	f any f any l (ex ); ar
	sed to the sed to the spital eath
	elea ccide ccide a hos to d
	An a at orior
	dy v (3)
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, and (6) No physician was in regular attendance on the deceased prior to death Such written approval must be obtained before the remains are embalmed or final disposition is made.
	ドキャッショ >

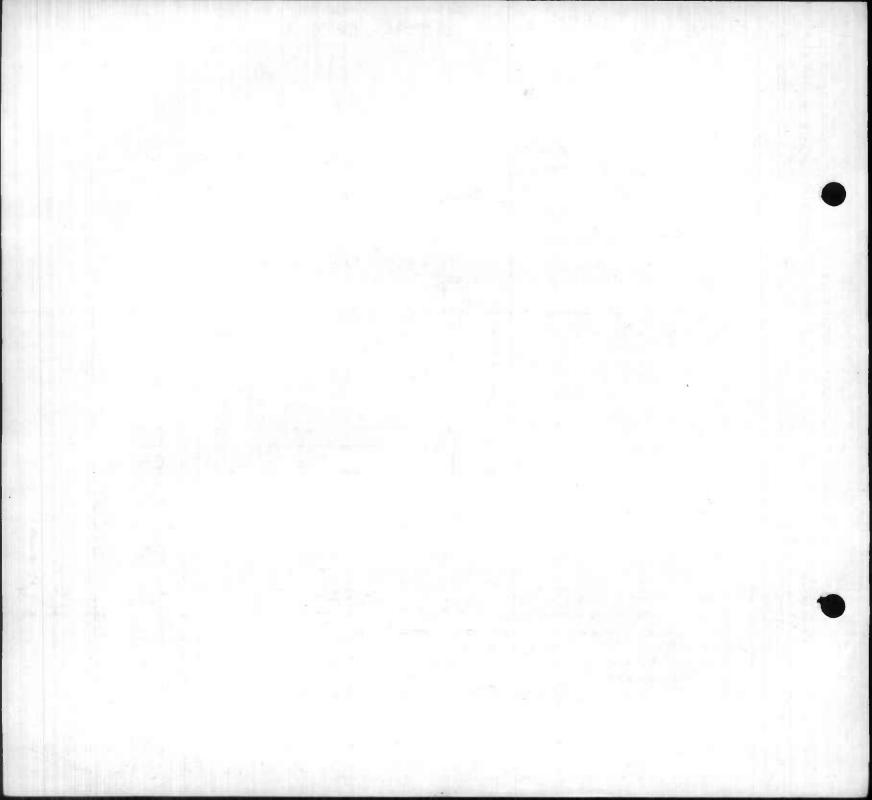
	05 0440		BALTIMORE CITY	HEALTH DEPARTMENT		CE	03.60
	1 NO. 65 2148		CERTIFICA	TE OF DEATH	Registered Na	00	2148
1, NA	CASE NO.	INF	BUSTEN		ID HOUR OF DEATH		
(Туре	e or Print)		300	Bund 1 7.3	o PM. 2/2	4/60	N
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESIDENCE (When	ITY	1	idence before admission
FL	JLL NAME OF (If not in hospital or institut	ion, gry	e street	maryland	Balti more	16	5-08
H	OSPITAL OR oddress or location)		4	C. CITY OR TOWN (If out	tside city limits, write RL	-	give township)
?	10 - 1 51	1 1	earyland.	Baltimor			
	Lutheran hospital of	co		D. STREET ADDRESS	rurol, give location)		vomn
					rx 3t. Bal		
S. SE	6. RACE 7. MAR	WED,	DIVORCED (specify)	8. DATE OF BINTH 2/28/1902	9. AGE (In years lost birthday)	If Under Months: [	1 Yr. If Under 24 Hrs. Doys Hours Min.
re	mac Colore	2000	HICHMAN ON INDUSTRY		63	120	
	USUAL OCCUPATION (Give kind of work 108. KIN during most of working life, even if retired)	D OF E	COSINESS OR INDUSTRY	11. BIRIMPLACE (Stote or forei	ign country)	12. CITIZE	T COUNTRY?
				ala	(		
3. F	ATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	7	
	James Cower			Delia	Hell	9	
5. W	(as Deceased Ever in U. S. Armed Forces? not grunknown) (If yes, give wor or dates of serv	50)	6. SOCIAL SECURITY NO.	17. INFORMANT	7	-	ADDRESS
	yes, give not of doles of self-		217-05-1511	Jui. B	1111 /16	f	1 D 1 G
1	B. 41 00 01	μ	CAUSE O	F DEATH	100	/IN	STERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				U		NSET AND DEATH
	LEADING TO DEATH		(4)	ente pulmons conclay to Anto	u e Nem M	,	A
	(This does not meon the mode of dying, heart failure, osthenio, etc. It meons the dise		DUE TO	and factor-one	7-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6		odays
	injury or complication which coused death.)	no relarate		9			
	ANTECEDENT CAUSES		(B)	contating www			
	DISEASES OR CONDITIONS, if any, gi	ving	<i>b</i> .				
	rise to the obove couse (A) stating. UNDERLYING CONDITION last.	the	(C) Y	emonia			- 444-64 i a 44-64-64-64 0 a 4-6-64 i a a i a 4-a a a a a a a
+	"						
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBL						
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE					
	9A. DATE OF OPERATION 19B. CONDITION I	OR W	HICH OPERATION	20A. AUTOPSY? (Yes or No	10 208. IF YES, WERE FI	NDINGS (	CONSIDERED
ERT	~				III CERIII IIII CAO	313 01 0	LAIII:
U I	21A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF	21B. P	farm, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give	exact location)
N I	DEATH (notify medical examiner)	etc.)					
	21D. TIME (Month) (Day) (Year) (Hour) DF INJURY	21 E, I	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
	(APPROX.)	While Work	At Work				
	22				int d		
	22. I certify that (I) (this hospital) attend	ea the	deceased fram	114	1965 to 2	2.4	196.5
	that (I) (we) last saw the deceased alive		1	19.66 and th	at In (my) (aur) apin	ian death	accurred on the da
- 1	and haur and fram the causes stated abov	e. (I)1	(We) (did) (did nat) v	iew the bady after death.			
2	3A. SIGNATURE			-4:		23B. DATE	SIGNED
	GH. Adil	m	M.D. Atte	miding Med. Director	Stoff Phy s.		
2	RAME (Type)	0	M.D.	Lutheren -	hospital	fin	and land.
24A.	BURIAL CREMATION, 248. DATE : 24	C. NAA	AE of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	, lown, or	county) (State)
	REMOVAL (Specify)	2-1	C-0.	1	. 1 2.	201	1
25A.	DATE REC'D BY HEALTH DEPT.   25B. NA	ME OF	REGISTRAR_	25C. FUNERAL DIRECTOR	.4.00	In	ADDRESS
	FEB 2 6 1965 (P.O.	By S	E Janke M.A.	40. 00	Valar	2	N C.DD. 1
/S 1	50-REV. 1/1/65	~~		1000.70.	recon /	244	18. Cacon H
- '							



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	ALTIMORE CITY	HEALTH DEPARTMENT	CE OLAD
BIRTH NO. 65 2149	ERTIFICA	TE OF DEATH Registered Na	65 2149
TI, NAME OF DECEASED CHERRY ROBE	RT	2. DATE AND HOUR OF DEATH	6.45 p.m.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If in: A, STATE B. COUNTY	stitution: residence before admission)
FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR oddress or lacotion)	et	C. CITY OR TOWN (If outside city limits, write R	RURAL and give township)
MrivERSITY Hospital		D. STREET ADDRESS (If rurol, give location)  320/ NORTH AVE	# 16
5. SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVOI	RCED (specify)	B. DATE OF BIRTH   9. AGE (In years last birthday)	If Under 1 Yr, If Under 24 Hrs. Months Days Hours Min,
IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE	~ <u>~</u>	11 BARTHEI ACE (State of forces country)	12 CITITEN OF
done during most of working life, even if retired)	33 OK 1140031K1	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		14. MOTHERS MAIDEN NAME CEORGIA CONCE	V
15. Was Deceased Ever in U. S. Armed Farces? 16, SOC	CHAL CURITY NO.	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service)	=14-2217	Sally Chory 3201W	worth are
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	rebite arkest	INTERVAL BETWEEN ONSET AND DEATH
(This daes nat mean the made of dying, e.g., heart failure, asthenia, etc. It means the diseasa., injury at camplication which caused death.)	DUE TO	I SIN DINIBRI FICTURE	
ANTECEDENT CAUSES	(B) DUE TO	NCHO-PLEURAL FISTUL	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	(2111-96311)	0
11	100 v 1	omp of Lung.	
■ DISEASE OR CONDITION CAUSING II.			SUNDANCE CONSUMERO
2 994. Date of Operation 198. CONDITION FOR WHICH WAS PERFORMED A GA	LUNG	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CAL	USES OF DEATH?
		in or about 21C. WHERE DID (If in Baltimore ffice bldg., INJURY OCCUR?	e City, give exact locotion)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY While At Wark	OCCURRED  Not While At Work		13.38
22. I certify that (I) (this hospital) attended the dece	ased from	1-22-65 19 to 2-	- 24 19.65
that (1) (we) last saw the deceased alive on	- 24	6 r -	nian death accurred an the date
and haur and fram the couses stated abave. (1) (	(did) (did) v	view the body after death.	
23A. SIGNATURE GOMAN Herman	M.D. Att	ending Med. Staff Phys.	2-24-65
23C. PHYSICIAN'S  PAME (Type)  Roman Herman	M.D.	Inmiversity Kropite	e
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify)	CEMETERY OF CR	EMATORY 240. LOCATION (C)	ity, town, or county) (State)
Serial 3/165 MT, F 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGIS	PRAND	25C. FUNERAL DIRECTOR	ADDRESS
FEB 26 1965 Robert E.	Jankey M. A	Meo of Kilson 1348	8 N CAlhoon ST.
VS 150-REV. 1/1/65			



5	2150	BALTIMORE CITY HEALTH DEPARTMENT
	Civil	BALTIMORE CITT HEALTH DEPARTMEN

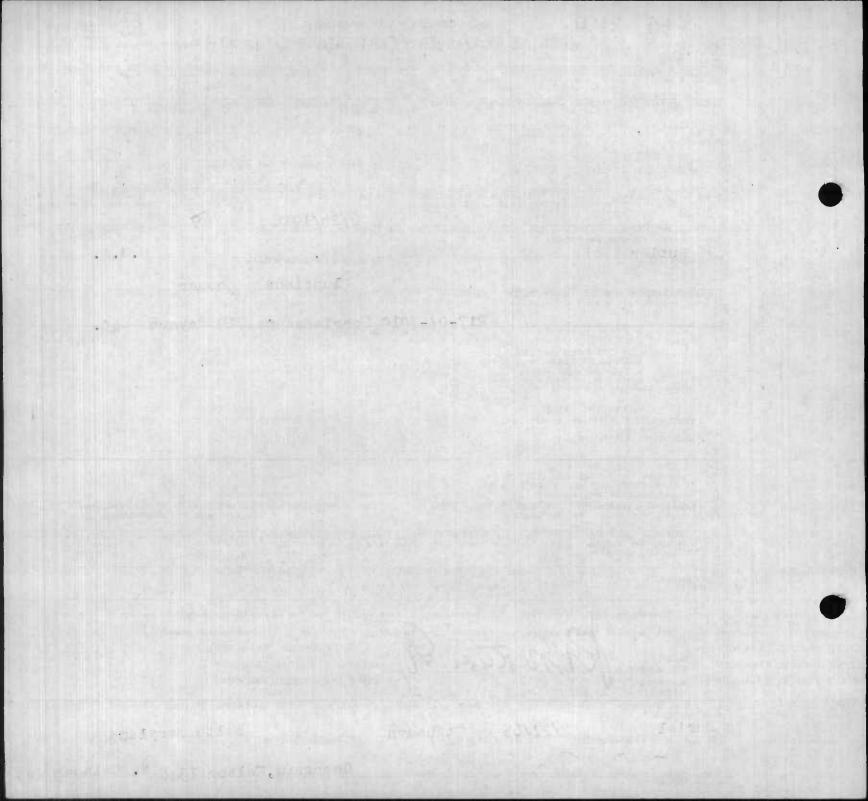
Balto marybandass t

George g, Kelson 1348 N. Calhoun st

CE Osma

	TH NO.	MED	ICAL EX	CAMINER'S C	ERTIFIC	CATE OF D	EATH Registe	ered No	~100
-	E CASE NO.	TEASED.				DATE AND	HOUR PRONOUNC	ED DEAD	
1. NAME OF DECEASED (Type or Print) COLONEL EPPS				Febru	ary 24, 196	55	2:20 A.		
3. 1	PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL A. STATE	RESIDENCE (Where	deceased lived. If inst B. COL	titution: resid	ence before odmissio
HO	LL NAME OF	(IF NOT IN HOSPIT,	AL OR INSTITU	JTON, GIVE STREET		Maryland	corporate limits, write		
						Baltimore		10	-04
	Provid	ent Hospital			D. STREET	2143 N. Pu	laski Stree	t	
5. 9	EX	6. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE O	F BIRTH	9. AGE (In years	If Under	1 Yr. ff Under 24 H Doys   Hours   Min
]	Male	Negro	WIDOWED,	DI VORCED (Specily)	8/	26/1016	100		
			TOB. KIND O	BUSINESS OR INDUSTR	Y 11. BIRTHPE	ACE (Stofe or foreign	country)	12. CITIZE	N OF COUNTRY?
don	Butle	vorking life, even if retired)			1	J.o.		U.S	
13.	FATHER'S NAM				14. MOTHE	R'S MAIDEN NAME		UAU	• /1 •
-					1	Luncinda	Booker		
		O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORM		DOURCE	ADDRESS	
7				217-07-701	Lorr	rianeEpps	719 Pays	on	INTERVAL BETWEEN
NO	DISEASES RISE TO TH UNDERLYIM	LEADING TO DEATH- not meon the mode of  osthenio, etc. It meons  nplicotion which coused  NTECENDENT CAUSI OR CONDITIONS, IF A  E ABOVE CAUSE (A) S  NG CONDITION LAST.	dying, e.g., the disease, deoth.)	(A) Crani DUE TO (B) DUE TO	ocerebi	al Injury.			
ATK	OTHER SIGN	II NIFICANT CONDITIONS	CONTRIBUTI	NG					
CERTIFICATION	TO THE	DEATH BUT NOT RE	LATED TO T		••••••				
	19A. DATE OF	OPERATION 198. CON	FORMED			Yes	20B. IF YES, WERE FI IN CERTIFYING CAU	SES OF DEA	Yes
MEDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, lom, foctory, street, of etc.)  HOUSE					1334 N. Wo	odyear Stre	/	(5 - 0 /
2	OF INJURY	(Month) (Doy) (Yeo		TE. INJURY OCCURRED		IF. HOW DID INJU	RY OCCUR?		
	(APPROX.)	2 23 '6.	5 P m.	WHILE AT NOT	WHILE X	Apparent f	all down st	eps.	
	22. 1 cert	tify that I held on I	nquiry 🗌	Inspection A	otopsy X	ond that on thi	s bosis, death in	my opinion	
	resul	ted from: Notural co	uses	Accident X Suicio	de H	omicide U	Indetermined monn	er _	
		1/1/	Son J	- 4		EF MEDICAL EX			DATE SIGNED
	SIGNAT	URE /	Their	lestiv (y.		NT MEDICAL EX			2/24/65
	NAME (	Type) Rudiger		necker, M.D.			Greenen P		
	MOVAL (Specify		23	C. NAME of CEMETERY	or CREMATO	23 D. L	OCATION (City	, town, or co	ounty) (Stote)

24C. FUNERAL DIRECTOR



0

SD M An O.A.

the body

shows: Ö

MOS

must

of

accident

99

must

approval

eath) hospital

ŏ

0

prior to

eceased

0

0

al and death Deceased Such

of

eath.

Ö

prior

regular

ance

(2) COUSE

canse; attend 0

hospital

0

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LEON POKRYWKA February 23. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. institution; residence before admission) A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION Md. (If not in hospital or institution, give street address or lacation) C. CITY OR TOWN (If outside city limits, write RURAL and give 3665 Dudley Ave. Baltimore (If jural, give lacation) Baltimore 13. Md. 3665 Dudley Ave. made 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED R. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. Married (specify) lost birthdoy Hours M /3/1887 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Butcher Poland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Poland 15. Was Deceased Ever in U. S. Armed Forces 1 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 217-01-6469 Mary Pokrywka 3665 Dudley Ame. No CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., embal heart failure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES Gre DISEASES OR CONDITIONS, il ony, rise to the obove couse (A) stoting the remains UNDERLYING CONDITION lost. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) obtained (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.)

Work

At Work

22. I certify that (1) (this hospital) ottended the deceased from

ond that In (my) (our) opinion death accurred on the date

ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type

lost sow the deceased olive on

Attending A M.D. Phys. 23D. ADDRESS

Med. Director

Staff Phy s. 23B, DATE SIGNED

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

24C. NAME of CEMETERY of CREMATORY

24D. LOCATION

65 Holy Rosary Cometery

25B. NAME OF TEGISTRAR

25G FUNER

125G FUNER

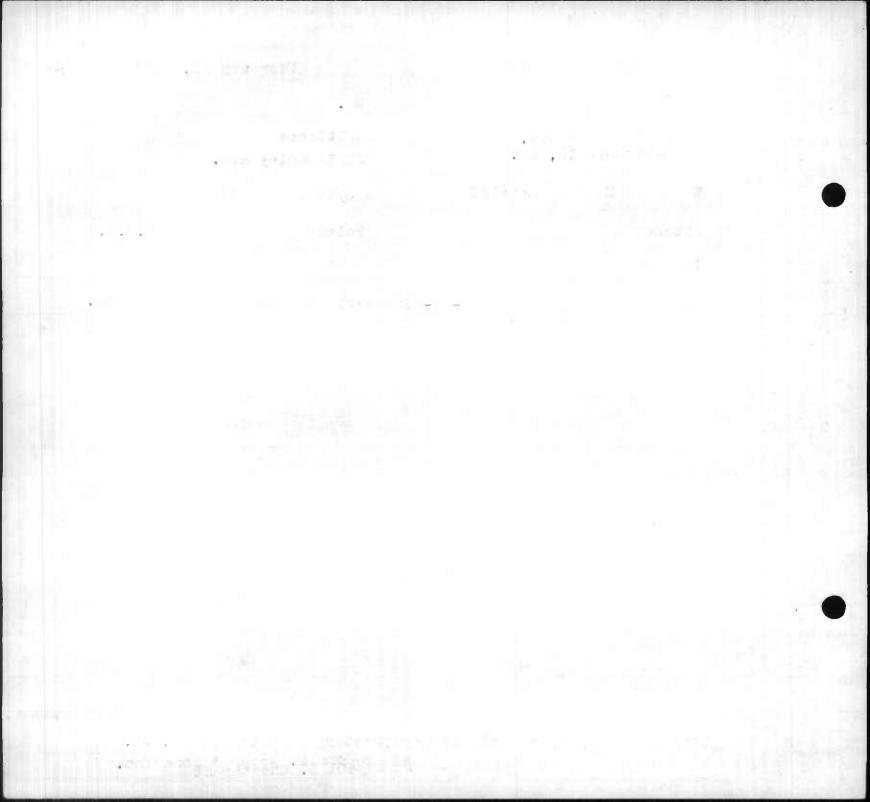
25G FUNER

125G FU

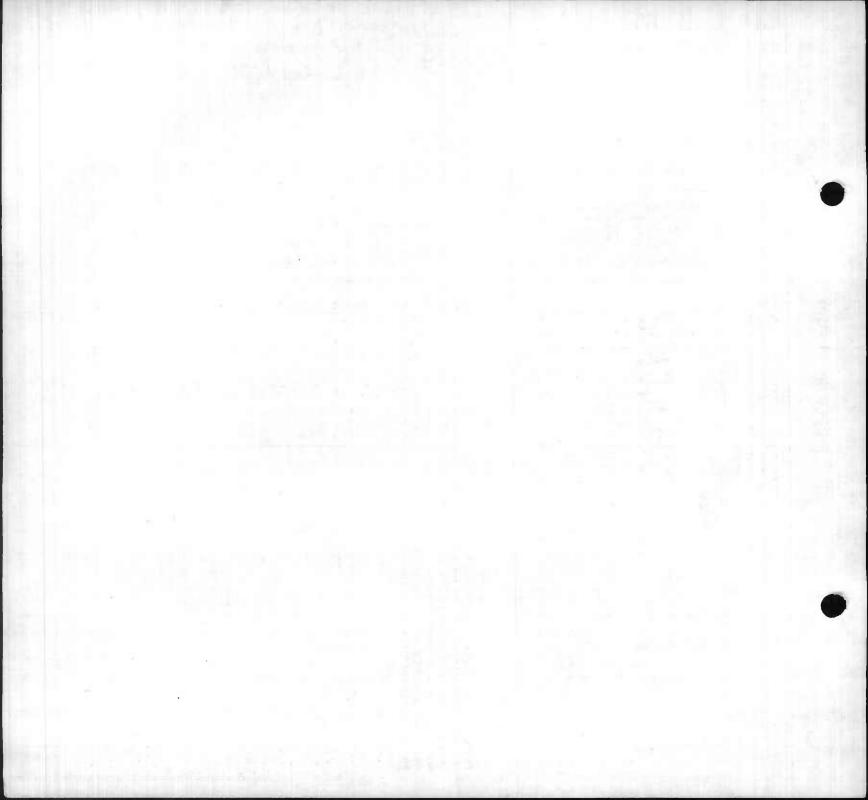
Baltimore Co. Md.

Inc.

VS 150-REV. 1/1/65



BIRTH NO. 65 2152		HEALTH DEPARTMENT  Registered N	65 2152
M.E. CASE NO.  1. NAME OF DECEASED ALEXAND.  (Type of Print) AAN AND AMERICAN AND AND AMERICAN A	RA	2. DATE AND HOUR OF DEA	ТН
3. PLACE OF DEATH IN BALTIMORE, MARYLAN  FULL NAME OF (If not in hospital or instruction) INSTITUTION		4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY  Mcl. C. CITY OR TOWN (If outside city limits, wi	this titution: residence before admission)
BON SECOURS	HOSPITAL	D. STREET ADDRESS (If rurol, give location) 2007 E. LOMBARI	40
FRANKE MI	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH   9. AGE (In years lost bighday)	If Under 1 Yı. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. K done during most of working life, even if retired) HOUSE WIFE	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
GEORGE TOEZYLI	owski ·	14. MOTHER'S MAIDEN NAME HELEN?	
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of si	16. SOCIAL SECURITY NO. 196-01-4827	17. INFORMANT ALEXANDER SAYNUK	2007 E LOMBARD
(This does not meen the made of dying heart laiture, esthenia, etc. It means the dinjury or complication which caused death ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, rise to the above cause (A) stolin UNDERLYING CONDITION tost.	giving g the (C)	TINAL OBSTRUCTION PESSIVE RETROPERITONAL FIRM	RUNTOSIS ZMOUTHS
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION D POSS. Intesting	20A. AUTOPSY? (Tes) or No. 20B. IF YES, WE IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	n or obout 21C. WHERE DID (If in Bolti ffice bldg., INJURY OCCUR?	imore City, give exact location)
21 D. TIME (Month) (Doy) (Year) (House of INJURY (APPROX.)	While At Not While At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) atte that (I) (we) last sow the deceased alix and hour and from the causes stated ab	ve on 2 - 2	2-19, 1965 to	2-24, 1965 opinion death accurred on the dote
23A. SIGNATURE Wielity 13 4	ra panel h. M.D. Att	ending Med. Stoff Phys. 23D. ADDRESS	23B. DATE SIGNED 2-24-65
24A. BURIAL CREMATION, 24B. DATE	DUAPONDH M.D.	BON SECUR HO	Spital (City, town, or county) (State)
REMOVAL (Specify)	HOLY ROSAR TAME OF ARGISTRAR DELMAN		E COMD
VS 150-REV. 1/1/6S	V-00-	4015.646	EDIER SI



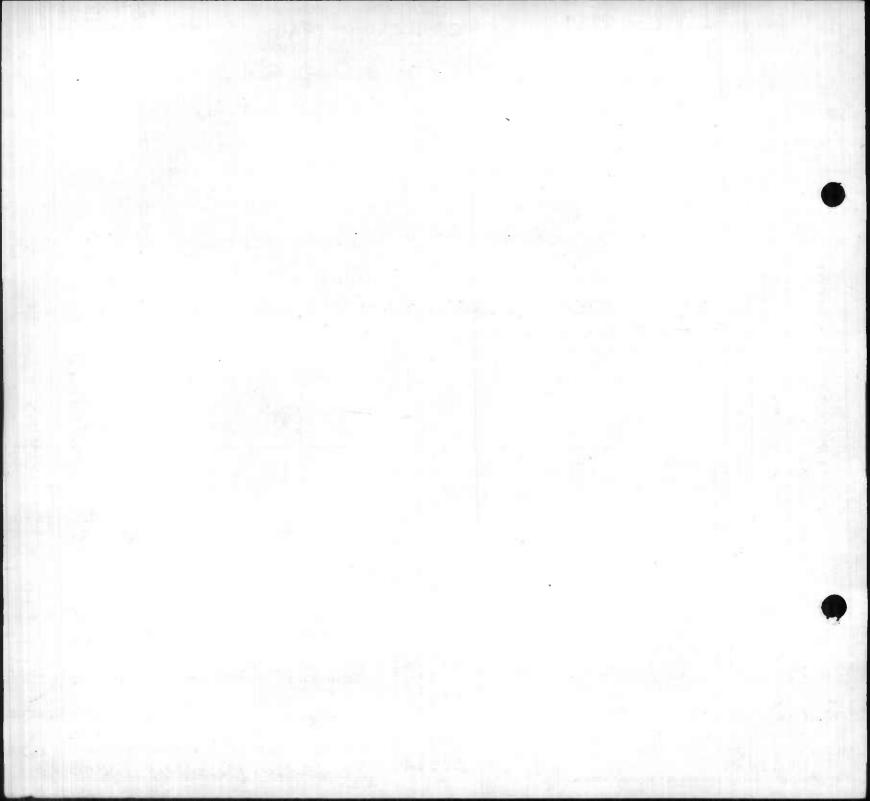
016	BALTIMORE CITY HEALTH DEPARTMENT 65 2153
1951	BIRTH NO. OU CLOUD CERTIFICATE OF DEATH REGISTERED NO.
Deceased to on the ath. Such	M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  William Norris Busick  2. Date and Hour of Death  Feb. 23, 1965  3.10 P.A.
de de (5)	3. PLACE OF DEATH IN BALTIMORE MARYLAND TO A STATE B. COUNTY  FULL NAME OF HOSPITAL OR INSTITUTION INSTITUTION  A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE B. COUNTY  Maryland  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
de.	Union Memorial Hospital    Baltimore   D. STREET ADDRESS (If rurol, give locotion)   2944 Wyman Parkway
	5. SEX M  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married  8. Date Of Birth 1898 9. AGE (In years lost birth day) lost birth day) Months: Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working life, even if refired) Sales Manager Bordens Ice Cream Baltimore, Maryland U.S.A.
	13. FATHER'S NAME William Busick Rosellia Lynch
	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)   16. SOCIAL   17. INFORMANT   ADDRESS    Yes W. W. I   215-07-5954   Mrs. Rose Busick   Same
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION tost.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID homo, form, factory, stroot, office bldg., of colors and other colors and other colors are contributed in the colors and the colors are colors and colors are colors.
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work
	22. I certify that (I) (this is all) attended the deceased from Oct 24 1957 to Telegrap 23 1965 that (I) (w) lost sow the deceased alive on 23 1965 and that in (my) (w) opinion death occurred on the dat and hour and from the causes stated above. (I) (w) (did not) view the body after death. 3.10 P.M.
	23A. SIGNATURE  Melon & Lorente M.D. Attending Med. Director Phys. 23B. DATE SIGNED  23C. PHYSICIANS  23B. DATE SIGNED  2.23.65
	NAME (Type) Dr. Milton E. Lowman M.D. 4843 Park Heights Avenue  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 2-26-1965 Baltimore National Baltimore, Md.    Burial   2-26-1965 Baltimore National
written approv	FEB 26 1965 (Lub E. Jahry H.)   25C. FUNERAL DIRECTOR & Sons Co. 21212   1905 York Road Balto. Md.

Burial 2-26-1965 Baltimore National Baltimore, Md.

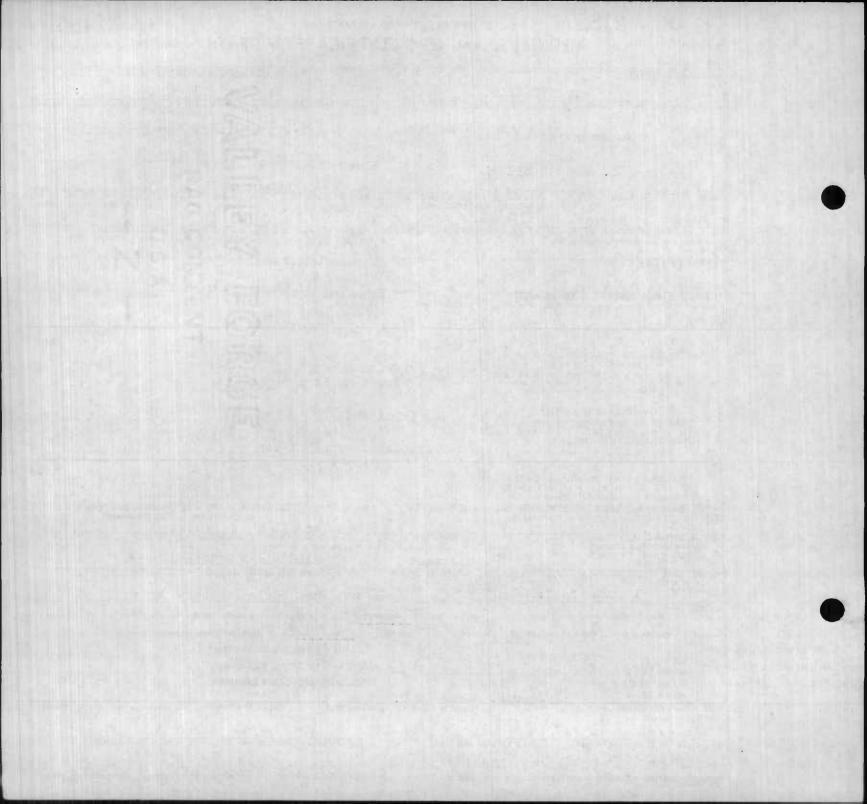
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR H. W. Jenkins & Sons Co. 21212
FEB 26 1965 C. January H. W. Jenkins & Sons Co. Balto. Md. VS 150-REV. 1/1/65

Birth Cert. A-950ll and W.W.I Record 2-9-67 M.H.

	05 0454	BALTIMORE CITY	Y HEALTH DEPARTMENT		65 2154
	TH NO. 65 2154	CERTIFICA	TE OF DEATH	Registered No.	
1, N	E CASE NO.  IAME OF DECEASED  pe or Print) (	7 -1 - 1	3 2	ID HOUR OF DEATH	. 10
3. P	HOUTS	Lophar W.	LA USUAL RESIDENCE (Who	0 1	stitution: rosidence before adm
			A. STATE B. COUN	2	7.3
F	FULL NAME OF (If not in hospital or inst		1	tside city limits, write	RURAL and give township)
4	nstitution (Son Secoul	es Itospital	Dettempre	rurol, give location)	14
1				Rwood	avenue.
5. S		ARRIED, NEVER MARRIED IDOWED, DIVORCED (specily)	B. DATE OF BIRTH,	9. AGE (In years lost birthday)	II Under 1 Yr. II Under 3 Months Doys Hours
	USUAL OCCUPATION (Give kind of work 108, K		11. BIRTHPLACE (State or lore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Z	e during most of working life, even if retired)  ECGUER  572	SUMPERS DEFT STORE	& ORWin to	T	71. 1. 0.
13. 1	FATHER'S NAME	MARI J 1041 7/080	14. MOTHER'S MAIDEN NA	ME .	10.10.11.
1	7 11		M.	4 M	
1	Lophar Hout of	11/ 000:::	Marga	ret Mai	ADDRESS
(Yes	Was Deceased Ever in U.S. Armed Force(?) s,no or unknown) (If yes, give war ar dales of s	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	,	
1	VES WWI	207-06-7812	MILDIZEDW.	HOUTZ 17	07 SHERWOOD
	18. 200.21	CAUSE	DE DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTL	Y	7 - 11.	1.0 00 -	ONSET AND DEA
	LEADING TO DEATH	(A)	lcute Myocard	nal obligard	ion
	(This does not meon the mode of dying heart failure, asthenia, etc. It means the	g, e.g., DUE TO	1	V	
	injury or complication which coused death		1. 0	0. 1	4 . 4
	ANTECEDENT CAUSES	(B)	rymphoula, m	nalignand	week
	DISEASES OR CONDITIONS, if ony,	giving DUE 10	meroloine al	odourenal	
	rise to the above couse (A) statis		Lympu	nodes	
	UNDERLYING CONDITION last.		"/		
7	ll l	MAILWILL A			
ATION	OTHER SIGNIFICANT CONDITIONS CONTR				
CAI	DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	DI 208 IF VEC WERE	ENDINGS CONSIDERED
CERTIFIC	WAS PERFORMI		TOO. WO IOES IT (162 OF 140	IN CERTIFYING CA	USES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(II in Boltimer	City, give exact location)
	OR CONTRIBUTING CAUSE OF	home, form, loctory, street, o	office bldg., INJURY OCCUR?	the sommon	
U	DEATH (notily medical examiner)				
ш	21 D. TIME (Month) (Day) (Year) (Hor		21 F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)	While At Work At Work	le 🗌		• • 1
	22. I certify that (M (this hospital) atte		1	19 65 to (1:10	1 25 Feb. 196
	that (M (we) tost saw the deceased ali		19 65 ond th	nat in (m/f) (our) opi	nion deoth occurred on t
	ond hour and from the causes stated of	pove. (1) (We) (dld) (did not)	view the bady ofter deoth.		
	23A. SIGNATURE	1			238, DATE SIGNED
	Vicente, 1C. Cara	9 /a . M.D. Att	tending Med.  Director	Stoll Phys.	25 Feb. 65
	23C.PHTSICIAN'S	1 /	23 D. ADDRESS		
	NAME (Type) VICENTE R'	CARAG JR. M.D.	BON SEC	QUES IJO	SPITAL
244	PUBLIC CREATION 1249 DATE				
24A	REMOVAL (Specily) 24B. DATE	24C. NAME of CEMETERY of CR	EMATORY PARK 240. L		ty, town, or county) (3
8	BURIAL Z-27-65	HORELAND A	EMORIAL ,	BALTO	HD.
25A	. DATE REC'D BY HEALTH DEPT. 258. 1	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	2	ADDRESS
	FEB 2 6 1965 (R.	Cred E. Stanley M.A.	HIW. JEUKINO	S & Sport	4915 York &
VS	150-REV. 1/1/65		- In the According	1,1000	1100/01-01



VS 151-REV. 1/1/65



VS 150-REV, 1/1/65

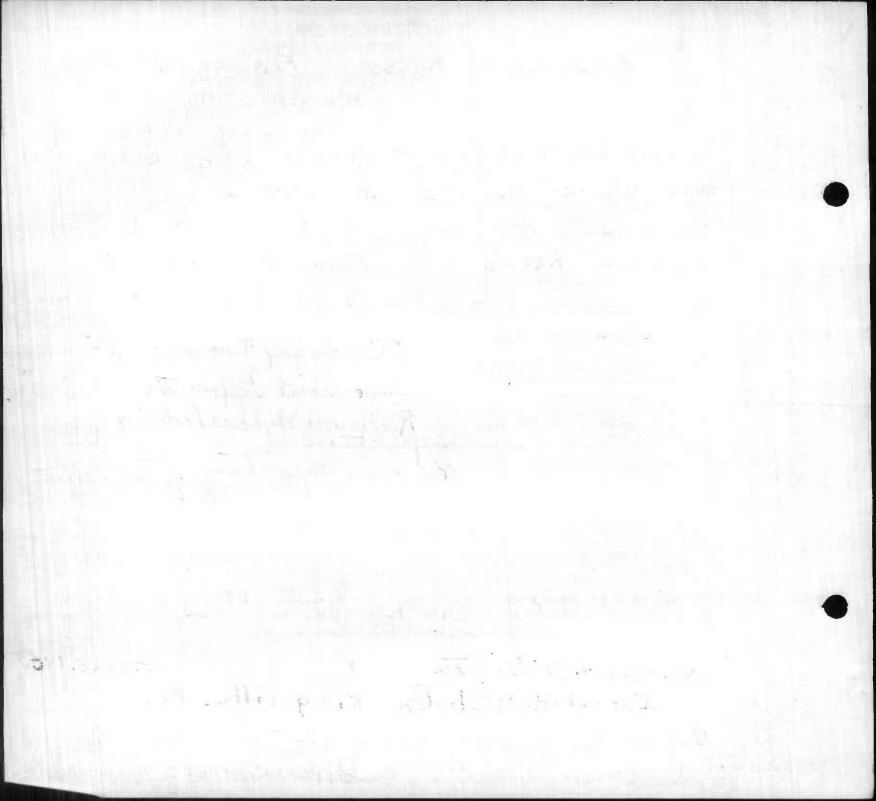
2 01-05

CURTIS E EVENS

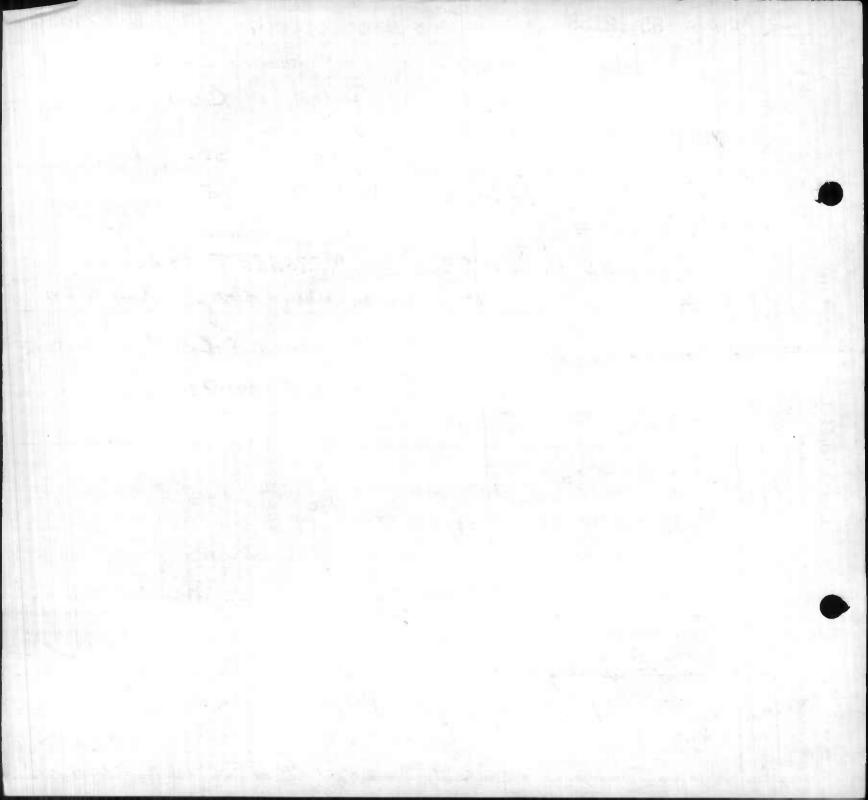
CURTIS E EVANS PARA E

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

		BALTIMORE CITY	HEALTH DEPARTMEN	TN	
M.	TH NO. 65 2157	CERTIFICA	TE OF DEATH	Registered No.	65 2157
(Ту	PLACE OF DECHASED  PLACE OF DEATH IN BALTIMORE MARYLAND	N. KRES			365 2.44 P.M.
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	tion, give street	C. CITY OR TOWN	AND BA	LTIMORE RURAL ond give lownship)
15,	SOUTH BALTIMOR	E GENERAL	D. STREET ADDRESS	(If rurol, give location)	BELAIR ROAD
5.		RIED, NEVER MARRIED OWED, DIVORCED (specify)  ARRIED	APRIL 27-0	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 108, KIN e during most of working life, even if retired)  SALES MAN	TES CYCLE	11. BIRTHPLACE (Stole of	NORE MG	12. CITIZEN OF WHAT COUNTRY?
13.	EDWARD KRE	55	Emma	HELL DOR	PER
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of serv	16. SOCIAL SECURITY NO. 217-03 0296	EDNA	M. KRES	5 KINGSUILLEM
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	0	Thrombo	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made at dying, heart failure, asthenia, etc. It means the disc injury ar camplication which caused death.) ANTECEDENT CAUSES		Goronar	Jufaret	
	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION tast.		Servered Yo	ysearlia	1 7 yrs.
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		rentstyp	er leus in	with scarce
ERTIFIC	19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n of obout 21 C. WHERE DI		e City, give exact lacolian)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED  White At Not White At Work	le 🦳	INJURY OCCUR?	
	22. I certify that (I) (this hospital) attended that (I) (المسر) lost sow the deceased alive		6 - 2 - 19 6 H on	d that in (my) (our) opi	inion death occurred on the date
	ond hour ond from the couses stoted obou	11-0	/		23B. DATE SIGNED
	23C. PHYSICIANS NAME (Type)	leclace Phy	ending Med. Director 23D. ADDRESS	Stoff Phys.	feb. 25. 1963
24.	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C, NAME OF CEMETERY OF CR	EMATORY 24	T . 1	ity, town, or county) (Stote)
25.	A. DATE REC'D BY HEALTH DEPT. 125B. NA	ME OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS P
VS	FEB 26 1965 R. D. BE.	tar Ben M. A	NIPPEL	BAOTHERS	710 BELAIR KA



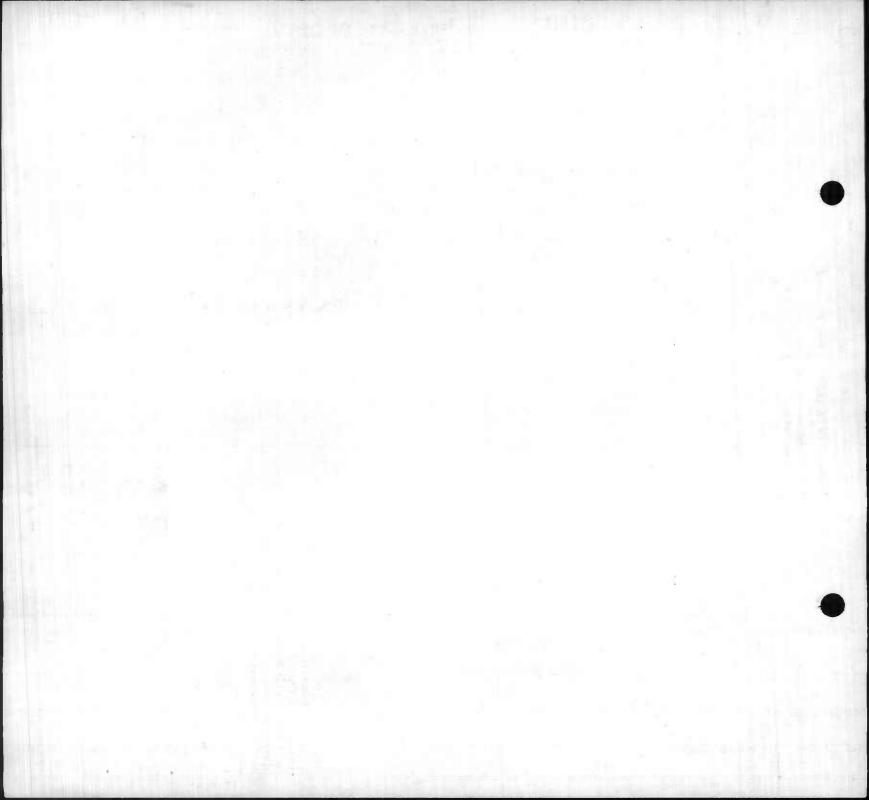
	5 1 m 5	BALTIMORE CITY	HEALTH DEPARTMENT		05 0450
	ARTH NO. 65 2158	CERTIFICA	TE OF DEATH X	Registered Na	65 2158
1	NAME OF DECEASED Type or Print Julia E. K	lein	2. DATE AND	HOUR OF DEATH	965 2:26PM
3	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceosed lived. If inst	titution: residence before odmission)
	FULL NAME OF (If not in hospital or institution	n, give street	District of	Columb	ia V-4/
	HOSPITAL OR INSTITUTION oddress or locotion)	1-1	C. CITY OR TOWN (If outs	ide city limits, write RU	URAL ond give township)
41	Naryland General Ho	5 bite.	D. STREET ADDRESS (If It	urol, give location)	
/[[			3004 P	St.	N.W.
5		D, NEVER MARRIED	1	. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		dowed	Dec 31,1889	75	
	6A, USUAL OCCUPATION (Give kind of work 10B, KIND lone during most of working lite, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE		District of (	slumbia	USA
	3. FATHER'S NAME		14. MOTHERS MAIDEN NAM	/	
	CHARLES H. DE	AVERS	INHROHR	116	ALVIN
	5. Was Decoased Ever in U. S. Armed Forcos? Yes, no or unknown) (If yos, give wor or dotes of service		17. INFORMANT	2:00	ADDRESS
	/40	579-03-5903	My Katherine	Jinegan	SAME AS # 4
	18. 420,/1	CAUSE O	F DEATH	0	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		to march	: O. of Day	tio 11 days
	(This does not meon the made of dying, e. heart failure, asthenia, etc. It means the diseas		lateraturat matematica de la lació fichició de solta de difesió	and the state of the state of	to det to John die verennen kande ennest ein teen of a teener
	injury ar camplication which caused death.)		1. 1. +.	11.76)	
	ANTECEDENT CAUSES	(B) DUE TO	LLCOCHLAND I	JESUV X LES	26 A.S.S.
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating to				
	UNDERLYING CONDITION last.	10/			rawaw (
	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	110			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
2	19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	INDINGS CONSIDERED
	C C C C C C C C C C C C C C C C C C C		No		
	_ OR CONTRIBUTING _ CAUSE OF	PIB. PLACE OF INJURY (e.g., in nome, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	O	1E. INJURY OCCURRED	215 HOW DID IN	Inv. o.cours	
	S OF INJURY	While At The Not While	21F. HOW DID INJU	RY OCCUR?	
	(APPROX)	Work At Work			
3	22. I certify that (I) (this haspital) attended	-	/ / /	965 to Febre	165 4 24 1965
	that (I) (we) last saw the deceased alive an	<u> </u>		t in (my) (aur) apln	ian death accurred an the date
	and haur and fram the causes stated above.	(I) (We) (did) (dld nat) v	iew the bady after death.		23B, DATE SIGNED
	V X // .	M.D. Atte	ending Med.	Stoff Phys.	En/ 7/ 19/5
	25C. PHYSICIAN'S Selley	Phy	s. Director I	Thys. A	106 19, 1/63
	NAME (Type)	M.D.	Manufact /	1//	-11
		NAME of CEMETERY of CRI	MATORY 24D. LO	CATION (City	y, fown, or county) (State)
	BURIAL 2-27-65	MY DINE	T ( EMETERY 1	1/AS+11N	6.TON. D. C
	25A, DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	7 - 111	ADDRESS (
	FEB 26 1965 Robert	JE, Farker M.A	Krannin (	Kalling	Mast. () (1
115	'S 150-REV. 1/1/65		Musel No	MAN	



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

05	0.1-0	BALTIMORE CITY	Y HEALTH	DEPARTMENT		CE	0450
M.E. CASE NO.	2159	CERTIFICA	TE C	F DEATH	Registered Na	65	2159
1. NAME OF DECEASED (Type or Print)  Don The Balto	al Jo	OHN SMUTÉK			5-65	1/	. 5% M
3. PLACE OF DEATH IN BA	LTIMORE, MARYLAND	Trosperato	A. STAT	AL RESIDENCE (Whe	re deceased lived. If ins	stitution: reside	ence before odmission)
	not in hospital or institut ress or location)	ion, give street	c. city	OR TOWN (II ou	tside city limits, write R	MAL ond gi	ve township)
Scarth Dallia	Tama Camana	TT	D STRE	ALT, MO	rurol, give location)	0	205
South Baltim			13 /	7417-la	ext St		
5. SEX 6. RACE	WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE	OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Months Do	Yr. If Under 24 Hrs. ys Hours Min,
	iive kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTI	HPLACE (State or fore	ign country)	12. CITIZEN	OF
done during most of working life,		7.1	CD		,	WHAT	COUNTRY?
Poultry Store C	Amer   Pot	ultry	14. MOI	HERS MAIDEN NA	AA F	U. S	i. Fl.
0					7		
Smutes	Jacob			marin	ζ,		
15. Wos Deceased Ever in U. (Yes, no or unknown) (If yes, gi	S Armed Forces? ve wor or dotes of serv	16. SOCIAL SECURITY NO.	17. INFO	MANT HOLEN	Int. 6-17	4, 1	leef St
18. 11 20 1	1	CAUSE C	F DEATH	1. 140000	The state of the s	INT	ERVAL BETWEEN
DISEASE OR CO	NOTION DIRECTLY		200	( 1	1 1		SET AND DEATH
	TO DEATH	(A)	May	cardal	Indarcho	2/	
(This does not mean heart foilure, osthenia,			1		1000	/\	PO-1-97-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
injury or complication		056,	4		V		
ANTECEDE	ENT CAUSES	(B)					m = 0 = 0 m fp 0 quin (ri m in fp riin ilip fri ilinin ilin ilin fu
DISEASES OR COND	ITIONS, if ony, gi						
rise la the above		the (C)		****			00 0000 00 00 00 00 00 000 000 0000 0000
ONDEREIING CONDIT	ION IOSI.						
O THE SIGNIFICANT CO	T NOT RELATED TO						
19A. DATE OF OPERATIO		OR WHICH OPERATION	20 A.	AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CO	NSIDERED TH?
OR CONTRIBUTING C	AUSE OF	21B PLACE OF INJURY (e.g., thome, form, foctory, street, of etc.)	in or obout office bldg.,	21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give ex	(oct locotion)
	(Doy) (Year) (Hour)	21 E. INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?		
OF INJURY		While At Not Whi					
22. Leartify that (I) (s	his hospital) attend	ed the deceased fram	7	1/2	19 63 ta	2/25	19
that (1) (we) last sow		2 / -	5/19	/			accurred an the date
		1.00	,		at intiny, taon, apir	non deom c	ccorred on the date
23A. SIGNATURE	causes stated abov	e. (I) (We) (did) (did-not)	view the	body after death.		23B. DATE S	ICNED
23.3.3.0.0.4.0.0.0	who At	anus M.D. Att	ending	Med. Director	Stoff Phys.	200	25-65
23C. PHYSICIAN'S NAME (Type)			23D. ADD		Balto. Gent	Ral H	OSPITAL
EARLIX	old Fonds	M.D.	12/		T. BALTO.		/
24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY			y, town, or co	
Burial 25A. DATE REC'D BY HEALT	3/1/65 H DEPT.  258. NA	Holy Rosary Cem	etery	Bal Bal	timore, 1k	ryland	ADDRESS
FEB 2	6 1965 R.C.	ut E. FarleyMA			er - 705 S.	Ann St	110.004
VS 150-REV. 1/1/65			100				



BURIAL 3/1/25A. DATE REC'D BY HEALTH DEPT.

FEB 2 6 1965 VS 150-REV. 1/1/65

165

	BALTIMORE CIT	Y HEALTH DEPARTMENT		175			
MRTH NO. 65 2160	CERTIFICA	ATE OF DEATH	Registered No	65 2160			
Type or Print)			AND HOUR OF DEAT				
WALTER	R. HEATH		ARY 25, 1965				
B. PLACE OF DEATH IN SALTIMORE, M		A. STATE B. CO	here deceased lived. If UNTY	institution: residence befare admissio			
FULL NAME OF (If not in hospital oddress or location) INSTITUTION	l or institution, give street on)	MD.  C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
1314 E. BELVEDERE	AVE	D. STREET ADDRESS	(If rural, give lacation)				
1)14 E. DELVEDERE AVE		1314 E. BELVEDERE AVE.					
SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hr			
MALE WHITE	WIDOWED, DIVORCED (specify) MARRIED	1/2/1885	80	Months Days Haurs Min.			
IDA, USUAL OCCUPATION (Give kind of wo done during most of working life, even if retired)		Y 11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?			
RETIRED	REAL ESTATE	BALTO., M	D.	U.S.A.			
3. FATHER'S NAME	1	14. MOTHER'S MAIDEN N		0.08.2			
ETHATM LIPAMU		CADA DETE					
EDWIN HEATH  5. Wos Deceased Ever in U. S. Armed Fo		SARA REID		ADDRESS			
Yes, na arunknawn) (If yes, give war ar do							
18.44 2 0	215-30-9968	MRS. ELIZABET	H C. HEATH	SAME			
(This does not meen the made a heart failure, asthenia, etc. It mean injury or camplication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if	s the disease deeth,)  S  (8)  DUE TO  ony, giving	once Meyoca	eneurs -	Shout I year			
rise to the above cause (A) UNDERLYING CONDITION to st.  OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	CONTRIBUTING Generals	sed toterio	-sclerozi	s. Overa year			
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 198. COI	NOTION FOR WHICH OPERATION			E FINDINGS CONSIDERED :			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)			are City, give exact lacation)			
21D. TIME (Manth) (Doy) (Year) OF INJURY (APPROX.)	(Haur) 21E INJURY OCCURRED  While At Not White Work At Work	21F. HOW DID	NJURY OCCUR?				
that (1) (we) last saw the deceas and haur and from the causes sto 23A. SIGNATURE  Trank 23C.PHYSICIAN'S	atended the deceased fram.  sed alive an	view the bady after deat	that In (my) (aur) a h. Stoff Phys.	plnian death accurred an the d  238. DATE SIGNED  Zel. 25,65  Boltiniane 18 11			
Trank U.	M.D. At	tending Med.	Staff Phys.	Els. 25,			

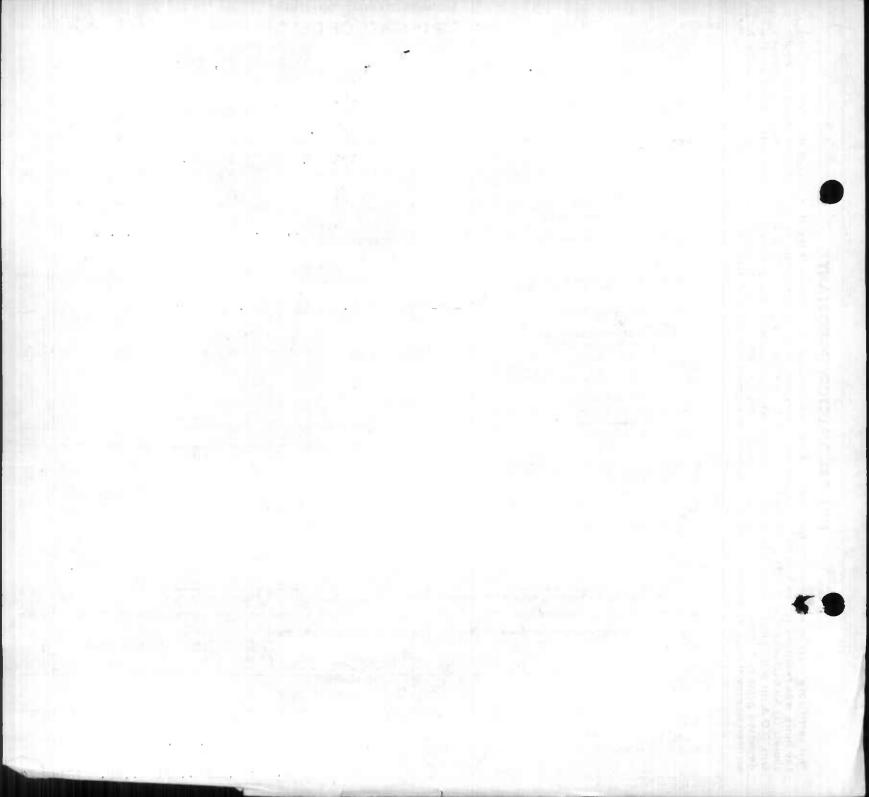
CEMETERY BALTIMORE,

. Ruck.

LEONARD J

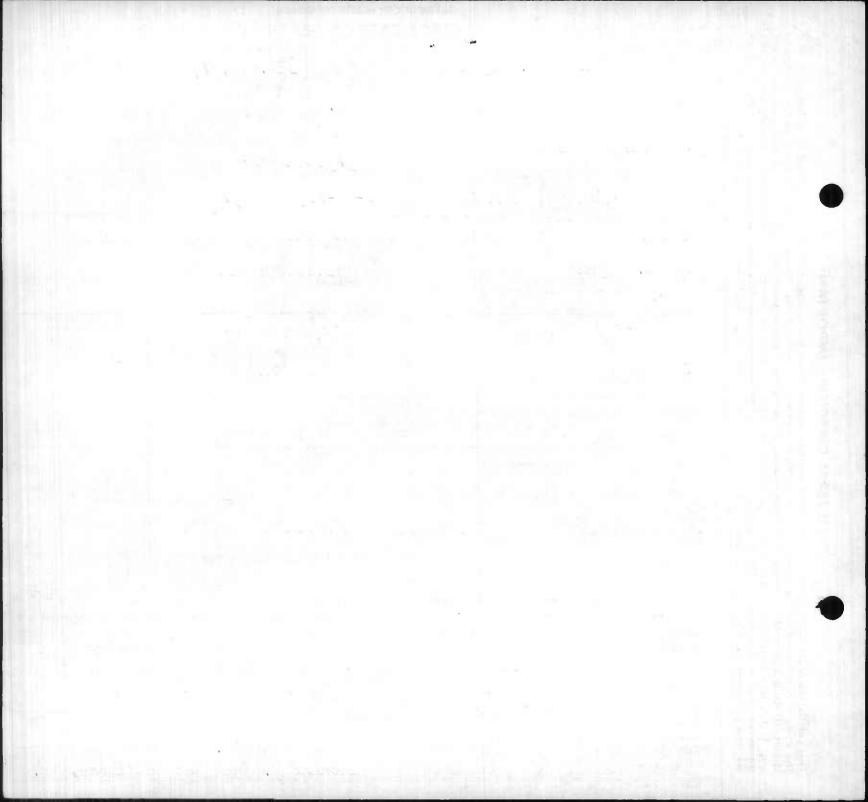
ADDRESS

LOUDON PARK CEN 258. NAME OF REGISTRAD



0	4	P	9	43		
5	eat	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	+	Suc		H
5	D	90	0			
	of	De	0	to		
100	20	(2)	un	90		
0	O	.,	pu	0		
=	3	105	He	-	0	l
0	ing	2	0	5	7	
rre	but	ber	9	0	de	
0	Ī	mi.	DB	Sed	E	
ŏ	0.0	er.	7	60	. 2	
u L	7	det	2.	Jec	0	
90	0	5	SD	9	Sit	H
	ec.	4	3	#	Spo	
I	di	÷	÷	u o	Ö	
210	Je	i.	9	0	al	
22	7	y k	T	un	Œ.	
N		5	cec	pu	0	li
=	So	90	L D	He	ed	
Ö	4	Jre	ouc	0	E	
9	er.	4	pro	0	be	li
Ē	nin	fra	0	90	e	
S	DO	4	¥	7	- P	
0	0	3	=	Ξ.	S	
0	103	15;	Cid	as	ain	
60	· p	5	17 SI	3	E B	
1	E	yb	Ph	0	0	
	0	pog	he	sic	+	
9	by	8	+ 0	hy	ore	I
	6	5	10	0	9	I
2	pit	Ire	3	Z	P	
0	NOS	atr	td	9	ine	
0	0	n A	933	Pu	pto	
9	+	UD	9	0	9	
0	10	of	0	3	þe	
	sed	tu	pi	eal	ust	
2	00	de	hos	P	E	
E	re	300	0	r 16	Na	
5	SD	In c	p	rio	OLO	
TIC	3	A	d.	2	dp	
BLL	(pc	-:	0.0	150	ue.	
0	p	WS	S	993	itte	
This certificate most be approved by the chief medical examiner of his assistant it death occurred in a nospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
						11

	BALTIMORE CIT	Y HEALTH DEPARTMENT		
M.E. CASE NO. 65 2161	CERTIFICA	TE OF DEATH	Registered No	65 2161
1. NAME OF DECEASED (Type or Print)  Thomas B. 1	NoCahan	2. DATE	AND HOUR OF DEAT	1120 5
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	negaran	4. USUAL RESIDENCE (W	here deceased lived. 11	institution: residence before odmis
		A. STATE B. CO	UNTY	2000
FULL NAME OF (If not in hospital or institution oddress or location)	ion, give street	C. CITY OR TOWN (If		1103
INSTITUTION		D 4	outside city limits, writ	e KURAL ond give lownship
5122 Handand Road		Baltimore D. STREET ADDRESS	(If rural, give location)	
5132 Harford Road		11	ord Road	
5. SEX   6. RACE   7. MARR	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , II Under 24
	WED, DIVORCED (specify)	8-22-1893	lost birthdoy)	Months Doys Hours M
Make white ma	<i>DULLE A</i> DOF BUSINESS OR INDUSTR		oreign Country)	12. CITIZEN OF
done during most of working lile, even if retired)		4.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WHAT COUNTRY?
Auditor		Maryland		USA
13. FATHERS NAME		14. MOTHERS MAIDEN N	IAME	
John T. McGahan		Rachael M	ueller	
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
700, 8170 401 01 00100 01 00111	JECOKIII NO.	Mrs Berthal	MaCiahan	
18.4 22	CAUSE	OF DEATH	neganan	Same INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	1. 1	1 / 0-1	1. L.	ONSET AND DEATH
LEADING TO DEATH	CATE	usty unatural as	140 - Valle	M (MIARA)
(This does not meon the mode of dying,		(_)	10 110	3
heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	ase,	. 8	Mack	-
injury or complication which caused death.)	(B)	• &/	Klaex	<i>s</i>
injury or complication which caused death.)  ANTECEDENT CAUSES	(B)	. Ø		,
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gives to the obove couse (A) stating	(B)	. &	Weaex	3
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, given	(B)			3
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, given it is a constant of the	(B)			,
injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gives to the obove couse (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO	(B)  DUE TO  ving The (C)			3
DISEASES OR CONDITIONS, if any, gives to the obove couse (A) stating UNDERLYING CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	(B)		Noll 208, IF YES WEE	IF FINDINGS CONVIDENTO
DISEASES OR CONDITIONS, if any, gives to the obove couse (A) stating UNDERLYING CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	(B)  DUE TO  ving The (C)		No) 208. IF YES, WEF	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES OR CONDITIONS, if any, givines to the obove couse (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	(B) DUE TO ving The (C) TING THE	20A. AUTOPSY? (Yes or	IN CERTIFYING	CAUSES OF DEATH?
Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, give itse to the obove couse (A) stating UNDERLYING CONDITION tast.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	(B)	20A. AUTOPSY? (Yes or	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OF CONTRIBUTING CAUSE OF DEATH (notify medical examinar)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, give its lot the above cause (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	(B) DUE TO VING The (C)  UTING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltin	CAUSES OF DEATH?
OF CONTRIBUTING OR CONTRIBUTION FOR CONTRIBUTION CAUSE OR CONDITIONS, if any, give itse to the obove couse (A) stating UNDERLYING CONDITION tast.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	(B) DUE TO VING The  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)  21E. INJURY OCCURRED	in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(II in Boltin	CAUSES OF DEATH?
OF CONTRIBUTING CAUSE OF DEATH (notify medical examinar)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, give its lot the above cause (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	(B) DUE TO VING The (C)  UTING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltin	CAUSES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gives lo the obove couse (A) stating UNDERLYING CONDITION tast.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	(B) DUE TO	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltin	CAUSES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, given itse to the obove couse (A) stating UNDERLYING CONDITION tast.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended.	(B) DUE TO VING The (C)	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	IN CERTIFYING (II in Bolting	ore City, give exact location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, give rise to the obove couse (A) stating UNDERLYING CONDITION tast.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attends that (I) (10) lost saw the deceased alive	(B) DUE TO VING The  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)  21E. INJURY OCCURRED While At Not Whok Work  At Work  ed the deceased/from on	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	NJURY OCCUR?	ore City, give exact location)
NOT STATE TO STATE THE PROPERTY OF STATE OF STAT	(B) DUE TO VING The  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)  21E. INJURY OCCURRED While At Not Whok Work  At Work  ed the deceased/from on	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	NJURY OCCUR?	pinian death accurred an the
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, given is a lot like obove couse (A) stating UNDERLYING CONDITION tast.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (1) (this hospital) attended that (1) (10) lost saw the deceased alive	(B) DUE TO VING The  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED While At Not Wh Work  ed the deceased/from on  (I) (Ma) (did) (did) etc)	20A. AUTOPSY? (Yes or in or about 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID I	NJURY OCCUR?	ore City, give exact location)
OF CONTRIBUTING CAUSE OF CONDITION CAUSING IT OR CONTRIBUTING CONDITION CAUSING IT.  190. DATE OF OPERATION 198. CONDITION FURS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22A. SIGNATURE	ITING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Who work  ed the deceased/from on 10 (b) (did) (did) (did) (did) (did)	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID I ille and in the body after death of the body after death of the body	NJURY OCCUR?	pinian death accurred an the
OF INJURY  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, given is a lot like obove couse (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attends that (I) (not) last saw the deceased alive and hour and from the causes stated above	ITING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Who work  ed the deceased/from on 10 (b) (did) (did) (did) (did) (did)	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID I ille and in the body ofter death of tending Med.	IN CERTIFYING ( III in Boltin  NJURY OCCUR?  19 to that in (my) (per) of the Stoff	pinian death accurred an the
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, givenise to the obove couse (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (the last saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE	ITING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Who work  ed the deceased/from on 10 (b) (did) (did) (did) (did) (did)	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID I item in the body after death of tending Med. Director 22D. ADDRESS	IN CERTIFYING ( III in Boltin  NJURY OCCUR?  19 to that in (my) (per) of the Stoff	pinian death accurred an the
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, give itse to the obove couse (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (not) lost saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	ITING THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)  21E. INJURY OCCURRED  While A1 Not Wh Work  ed the deceased from on 2000  e. (I) (Ma) (did) (did) (did)  M.D. A1 Ph	20A. AUTOPSY? (Yes or in or about 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID I ille 19 and ond view the body after death tending Med. Director 123D. ADDRESS 2 14	IN CERTIFYING (II in Bolting III of I	pinion death accurred on the
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, given the course (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attends that (I) (the last hospital) attends the last hospital (the last hospital (the last hospi	ITING THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)  21E. INJURY OCCURRED  While A1 Not Wh Work A+ Work  ed the deceased from on	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID I item in the interpretation of the inter	IN CERTIFYING (II in Bolting III of I	pinion death accurred an the
Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, given the course (A) stating UNDERLYING CONDITION I asl.  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attends that (I) (the loss of the courses stated above and hour and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 246	ITING THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)  21E. INJURY OCCURRED  While A1 Not Wh Work A+ Work  ed the deceased from on	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID I item in the interpretation of the inter	IN CERTIFYING (II in Boltim  NJURY OCCUR?  19 to that in (my) (per) of the in (my) (per) of t	pinian death accurred an the
Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, given the course (A) stating UNDERLYING CONDITION I asl.  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attends that (I) (the loss of the courses stated above and hour and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 246	(B) DUE TO VING The  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED While At Not Wh Work  ed the deceased/from on 2000  e. (I) (Se) (did) (did not)  M.D. At Ph  M.D. At	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID I item of i	IN CERTIFYING (  (II in Boltim  NJURY OCCUR?  19 to that in (my) (per) of the in (my) (per) of the incomplete in (my) (per) of	pinian death accurred an the



BIRTH NO.	01
M.E. CASE NO.	27
I. NAME OF DECEASED	

(Type or Print) Russell L. Stiffler

2. DATE AND HOUR OF DEATH Feb. 26, 1965

5:40 A 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY

3.	PLACE	OF	DEATH	IN	BALTIMORE,	MARYLAND

HOSPITAL OR

death

cause

contributing

assistant if

IMPORTAN

**DIRECTOR:** 

FUNERAL

the chief medical

was released to the hospital

certificate

accident of any nature;

Such

eath.

Ö

prior

isposition is made.

ਰ

0

embalmed

are

regular

physician the remains

(6) No physician was

must be obtained before

death); and

0

approval

hospital

8

at

shows: (1) An D.O.A.

he body

a hospital and

(4) Undetermined cause; (5) Deceased

attend 10

death

fracture

attendance

(If not in hospital or institution, give street

Maryland c. city or town

(If outside city limits, write RURAL Baltimore

Mercy Hospital , Inc.

D. STREET ADDRESS (If rural, give location)

			24 Indian La	ine	
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married		June 24, 1900	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.	
OA, USUAL OF lone during most ASST • M	or working me, even it remed)	EXT. DEPT.G & E. CO.	11. BIRTHPLACE (Stole or for Maryland	reign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S N	IAME		14. MOTHER'S MAIDEN NA	AME	

Milton Stiffler

The winstanley 17. INFORMANT

ADDRESS

S. Was Deceased Yes, no or unknown				service)		6. SOC	
					24	2	0

RITY NO. 212-05-6699

Mrs. Catherine A. Stiffler CAUSE OF DEATH

Carcinoma Head of the Pancreas

Same INTERVAL BETWEEN ONSET AND DEATH

## DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It meons the disease, injury or complication which coused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED Laundice Jan. 8,

20 A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

(If in Boltimore City, give exact location)

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?

21 F. HOW DID INJURY OCCUR?

21 D. TIME OF INJURY (APPROX.)

(Month) (Doy) (Year) (Hour)

21 E. INJURY OCCURRED While At Work

Not While [

22, I certify that (1) (this hospital) attended the deceased from Dec. that (I) (we) lost sow the deceased alive an Feb. 26

Feb. ond that in (my) (our) opinion death occurred on the date

ond hour ond from the couses stoted obove. (4) (We) (did) 1010(70)t) view the body ofter deoth. 23A. SIGNAFURE

23C. PHYSICIAN'S NAME (Type) Attending 23D. ADDRESS

23B. DATE SIGNED

24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify)

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

(City, town, or county)

BURIAL

3-2-65

DRUID RIDGE CEMETERY

ADDRESS

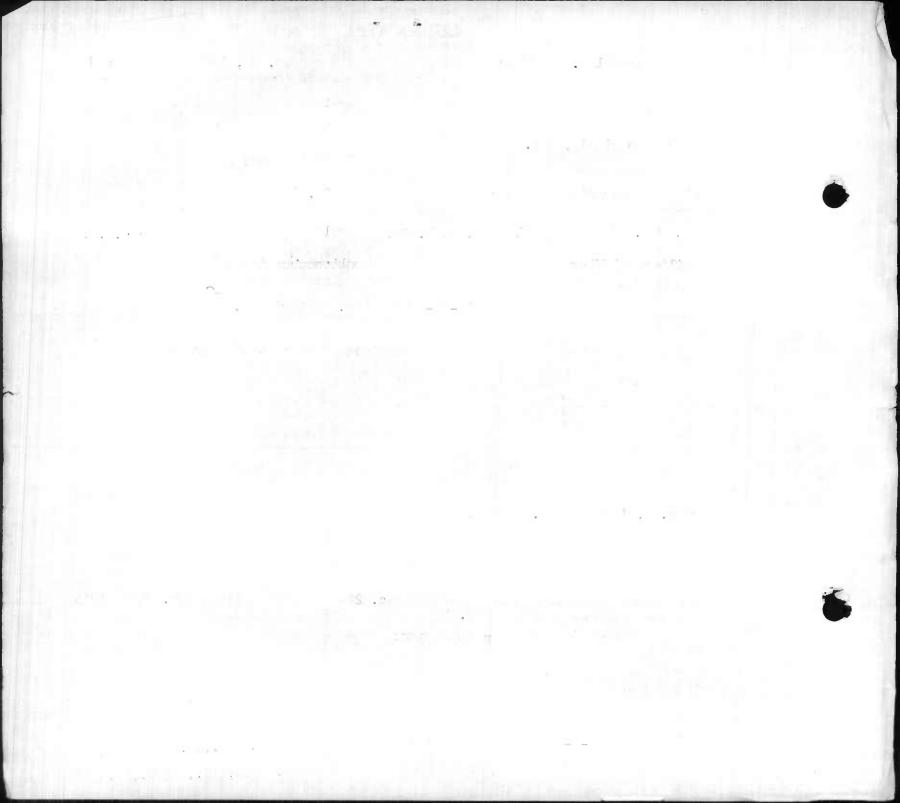
deceased prior written approv

VS 150-REV. 1/1/65

258. NAME OF REGISTRAL

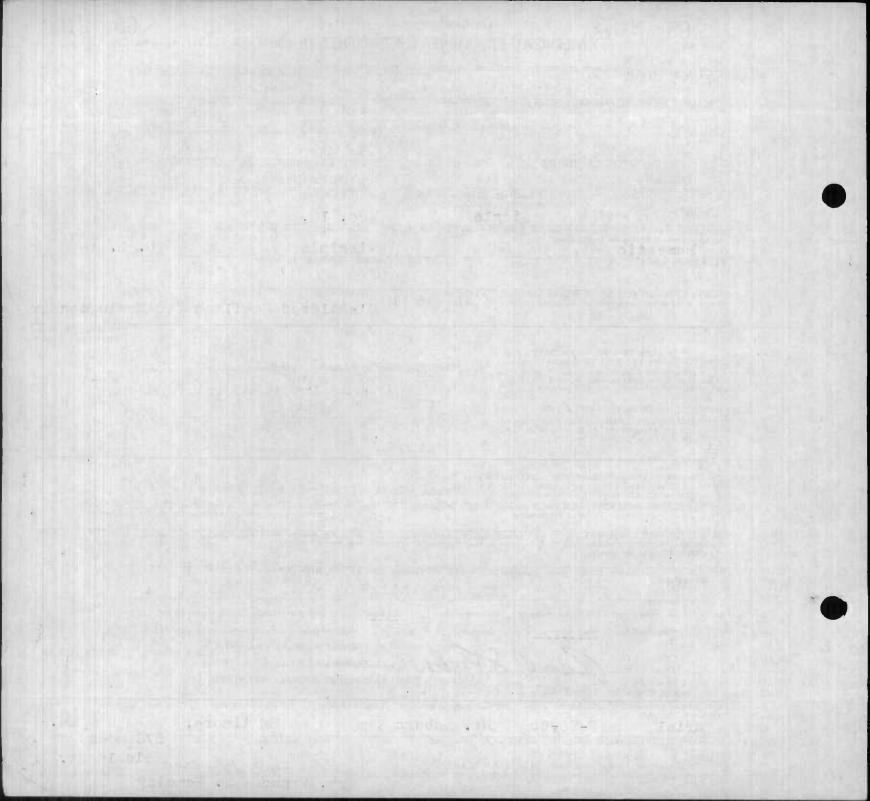
BALTO MD.

LEONARD J. RUCK, INC. BALTO. MD. 21214

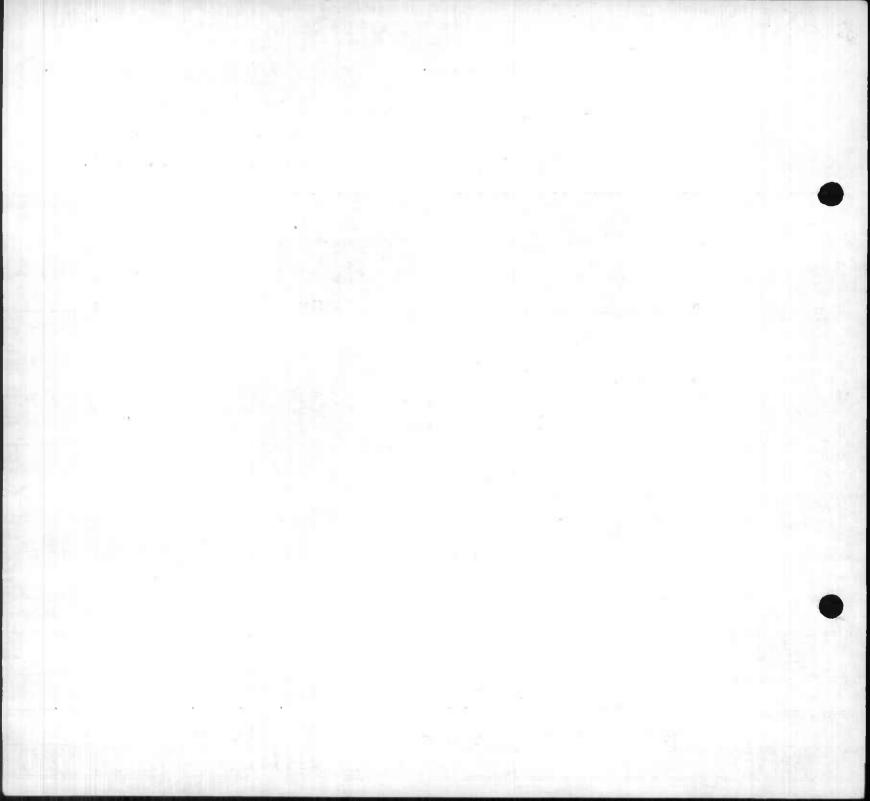


2163	BALTIMORE CITY HEALTH DEPARTMEN	T 6.
	<b>EXAMINER'S CERTIFICAT</b>	
4	MEDICAL	MEDICAL EXAMINER'S CERTIFICAT

M.E. CASE NO.						
1. NAME OF DE (Type or Print)	CEASED				2. DATE AND HOUR PRONOUN	ICED DEAD
	SAL	LIE	STEWART		2-21-65	6:40 P.M.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESID	ENCE (Where deceased lived, If in B. C	nstitution: residence before odmission) OUNTY
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	Marylan	d (If outside corporate limits, w	
9 P	ROVIDENT HOSP	ITAL			ESS (If rurol, give locotion)	1001
*				11		21217
Female	6. RACE Colored		NEVER MARRIED DIVORCED (specify)	Dec. 10	lost birthdoy)	rs If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.
	UPATION (Give kind of work			11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF
lone during most of Dome:	working life, even if retired)			Virgini	a	U. S. A
3. FATHER'S NA				14. MOTHER'S MA		0. 0. A
						A 5 D D C C C
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
				M'sMild	red Hamilton 7	20 Newington Av
18. / /	5 /		CAUSE	OF DEATH		INTERVAL BETWEEN
70	OFF I					ONSET AND DEATH
DISEA	SE OR CONDITION DI					
(This does	not meon the mode of		(A)	Myocardial	intarct	
heart failure	e, osthenio, etc. It meons	the diseose,				
Injury or co	emplication which coused	deom./	F	rterioscl	erotic cardiovasc	ular disease
	ANTECENDENT CAUSE	S				
DISEASES	OR CONDITIONS, IF A	NY, GIVING	(B)			
RISE TO TH	HE ABOVE CAUSE (A) S'	TATING THE				
	NO CONDITION LASI.		(C)			
<u> </u>						
O THE	CONTROL OF CONDITIONS  DEATH BUT NOT RE  DR CONDITION CAUSING	LATED TO T		truction -	Due to strangula	ated hernia
19A. DATE O	F OPERATION 198, CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY	(Yes or No) 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
ZIA. EXTERNA	L CAUSE WAS	21 B,	PLACE OF INJURY (e.g.,	in or obout 21C. W	HERE DID (If in Boltimore City,	give exect location)
UTING CAL	OR CONTRIB-	home etc.)	e, farm, foctory, street,	office bldg., INJURY	OCCUR?	
21D TIME OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	21 F. HC	OW DID INJURY OCCUR?	
(APPROX.)		m.	WHILE AT NOT	WHILE ORK		THE STREET
		nquiry 🗌			that on this basis, death In	n my opinian
resu	Ited from: Notural ca	uses X	Accident Suicid	e Homici	de Undetermined mo	nner
			11	CHIEF MI	EDICAL EXAMINER	
ACTUA		100	No.			DATE SIGNED
SIGNAT	TURE //Lux	very o	I when M.D	•	EDICAL EXAMINER	2-22-65
NAME	(Type) RUSSE		ISHER, M.D.		EDICAL EXAMINER	
REMOVAL (Speci		23	C. NAME OF CEMETERY	CREMATORY	23D. LOCATION (C	City, town, or county) (Stote)
Burial	2-26,	65	Mt. Auburn	Cem	Bal timore,	Md.
24A. DATE REC'E	BY HEALTH DEPT.	248. NAME	OF REGISTRAR		AL DIRECTOR	578 ADDRESW .
	FEB 26 1965	Poleil	r E. Farbey M.A	Mrs.	care wellishood	Biddle St.
VS 151-REV. 1/1				Mrs	Frances A. Hen	vsley
				Section for the		

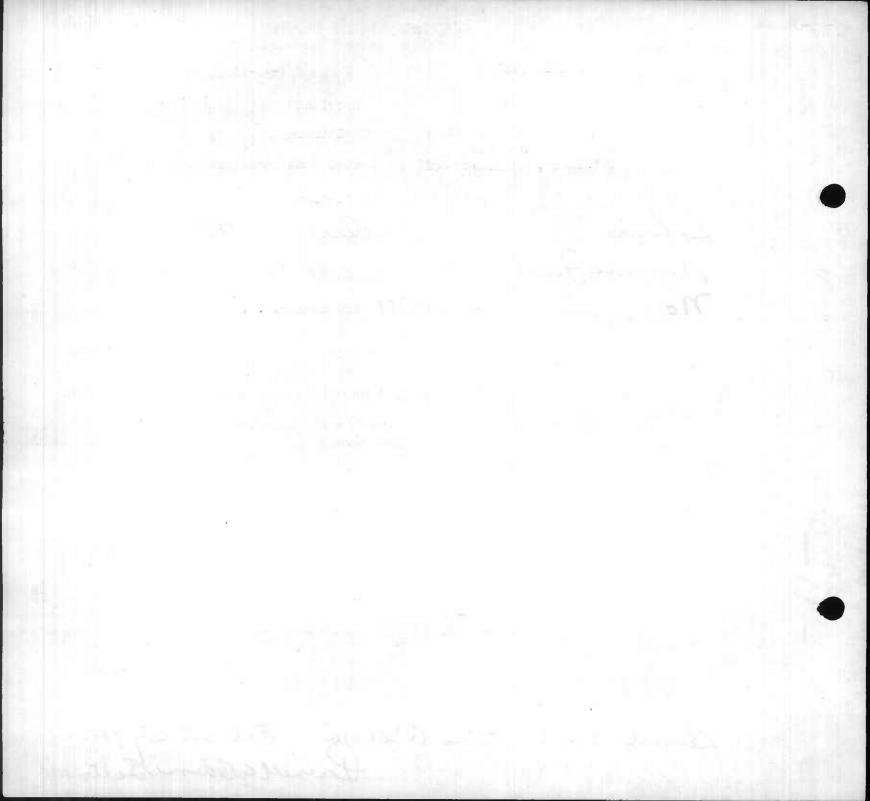


OF	- 0101		BALTIMORE CITY	HEALTH DEPARTMENT		05 0404
BIRTH NO. OC	2164		CERTIFICA	TE OF DEATH	Registered No.	. 65 2164
1. NAME OF DEC	CEASED			2. DATE A	ND HOUR OF DEATH	
Type or Print)	Gord	ion Pinn	ick, Sr.	2/5	23/65	1 3.35 - 4
B. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	ILCK DI	4. USUAL RESIDENCE (WH	are deceased lived. Il	institution; residence before ddmission
						2 504
FULL NAME (		or institution, n)	give street	Maryland		RURAL and give township)
INSTITUTION						NORAL ONG GIVE TOWNSHIP,
5				Baltimon D. STREET ADDRESS	rurol, give location)	
South Be	altimore Gene:	nol Hoen	ni + ol			1. 05 353
SEX	6. RACE		NEVER MARRIED	520 Patapsco	9. AGE (In years	to 25 Md.
		WIDOWE	D, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
Male	White		lower	3/27/1899	65	120 6171511 05
	UPATION (Give kind of world working life, even if retired)	NIUB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
	etired			Md.		USA
FATHER'S NA				14. MOTHER'S MAIDEN NA	AME	
Charles	Rinnick			Emmo Desard		
	d Ever in U. S. Armed For	rces?	1 6. SOCIAL	Emma Brandt		ADDRESS
	n) (If yes, give wor or dote		SECURITY NO.			
No				Family		Seme
1B. def.	3,01		CAUSE O	F DEATH	0	INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY		(ATA) >>>.	5/6	
	LEADING TO DEATH		(A)	OSESSANIES ?	A Brace	e the sold
	nal mean the made of		DUE TO	100	Timed taken (mangatition attended and an annual	
	, asthenia, etc. It means mplication which caused			1/10	*	
100	ANTECEDENT CAUSES		(B)	· Wenne	Col	
DISEASES			DUE TO			
	OR CONDITIONS, if the above cause (A)		(C)			
UNDERLYIN	IG CONDITION lost.		000000000000000000000000000000000000000	•••••••••••••		
	II					
OTHER SIGN	HEICANT CONDITIONS					
DISEASE OR	DEATH BUT NOT RELA CONDITION CAUSING	IT.				
	F OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or h	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
				Yes		
OR CONTRIB	ENT WAS UNDERLYING DESCRIPTIONS OF	218	PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(II in Boltima	ore City, give exact location)
C DEATH (notil	y medical examiner)	etc	)			
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
OF INJURY			ile At Not Whil	e 🖳		
(APPROX)		Wo	rk At Work			
22. I certify	y that (X) (this hospito	I) ottended t	he deceased from	2/22/65	. 19 to 2	/23/65 19
that (D) (we	) lost saw the decease	ed olive on	0/00//-	· ·		pinion deoth occurred on the do
						The desired on the de
		rea opove. (	i) (me) (ala) (ala not) v	iew the body ofter death	•	DATE SIGNED
23A, SIGNAT	1/1 / 1/	1 -	1	andina - AAA -	Stell -	23B. DATE SIGNED
1/13/	Nesulet	lense	ELLA M.D. Atte	ending Med. Director	Phys.	2-24-60
23C. PHÝSICÍ.	AN'S Type			23D. ADDRESS		
. ANTE (		NSTEIN,	M D M.D.	South Palta o	Om IIa	3033 T: 1: 0:
4A. BURIAL CR			M.D.	South Balto, G	7.7	1213 Light St. City, lown, or county) (Slote)
4A. BURIAL CRI			The second secon			
Buria	~/~//		At Carmel Cem		Baltimore	Мд
SA. DATE REC'E	BY HEALTH DEPT.		OF REGISTRAR	25C. EUNERAL DIRECTO	R	ADDRESS
-	EB 26 1965 (	Robert	E. Markey Hill	All Clubs	u 23	7 Nalasance aux
'S 150-REV. 1/1	/65			1111	/	2/5



VS 150-REV. 1/1/65

		BALTIMORE CIT	Y HEALTH DEPARTMENT		05
1RTH NO. 65	2165	CERTIFICA	ATE OF DEATH	Registered Na.	65 2165
LE CASE NO.	SED		2. DATE	AND HOUR OF DEATH	
ype or Print)	Bennis Fu	ller	2.3	7 65	9:00 A. M
PLACE OF DEATH	Dennis Fu		4. USUAL RESIDENCE (W	here deceased lived. If i	institution: residence before odmission
*.				31411	21-12
FULL NAME OF HOSPITAL OR	(If not in hospital ar institu address or location)	tion, give street	Maryland C. CITY OR TOWN (IF	autside city limits, write	KURAL and give township)
INSTITUTION	Baltimore Cit;	r Hoenitale			
	4940 Eastern		Baltimore D. STREET ADDRESS	(If rural, give location)	
	Baltimore, Ma		4940 Eastern	A	1224
SEX 6.	RACE 7. MAS	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
W-7 -		OWED, DIVORCED (specify)		lost birthdoy)	Manths Days Hours Min.
MALE A. USUAL OCCUPA	Negro ATION Give kind of work 10B. KIN	Married ID OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF
	king lile, even if retired)		1000	m l	WHAT COUNTRY?
Labore	N		alla	ma	USA
FATHER'S NAME	2 00		14. MOTHER'S MAIDEN N	AME	
1)en	nio tulle	N	Ethil	Snow	
Wos Deceased Ev	er in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
S, no of Unknown (II)	I yes, give wor or dotes of ser	SECURITY NO.			
110		616-16-675	RECORDS: B.C	.H. 4940 Eas	tern Avenue #2122
18. 7-2 3		CAOSE	OF DEATH		ONSET AND DEATH
	OR CONDITION DIRECTLY	0			C Manage
	mean the mode of dying,	e.q., DUE TO	ticemia		6 Weeks
heart failure, as	thenia, etc. It means the dis				
		IR) Pve	elonephritis		6 Weeks
	TECEDENT CAUSES			******	
	CONDITIONS, if any, gabove cause (A) slaling	the (C) Qua	driplegia Secon	dary to Ceru	rical
	CONDITION last.		ndylosis		
	11		el Lee		
	CANT CONDITIONS CONTRIB				
	ONDITION CAUSING IT.				
19A. DATE OF O	PERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
0			No		
21A. ACCIDENT	WAS UNDERLYING THE	21 B. PLACE OF INJURY (e.g., hame, farm, factory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
DEATH (notify m	edicol exominer)	etc.)			
	Month) (Doy) (Year) [Hour)	21E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(APPROX)		While At Not WI			
		Work At Wor			
22. I certify th	at (I) (this hospital) atten		5-29		2-17- 19 65
that (I) (we) Id	st saw the deceased alive	an 2-17	19.65 and	that in (my) (aur) ap	olnian death accurred an the da
and haur and f	ram the causes stated aba	ve. (1) (We) (did) (did nat)	view the bady after deat	h.	
23A. SIGNATURE	AIA A	, ,			23B. DATE SIGNED
	W1. C	adu M.D. A	ttending Med. hys. Director	Stoff Phys.	2 17 65
23C. PHYSICIAN	5		23D. ADDRESS	,	2-17-65
NAME (Type	e)				
	Dr. Robert Co	ooke M.C	4940 Easter	n Avenue #	21224
A. BURIAL CREMA	ATION, 248. DATE 2	4C. NATALE OF CEMETERY OF C	REMATORY 24D	LOCATION (C	City, town, or county) (State)
Burial	0 2-27-65	Time al	chard (	elicate	City Howard &
SA. DATE REC'D B	Y HEALTH DEPT. 258. NA	ME OF REGISTIAR	26C. FUNERAL DIRECT	OR	ADDRESS
E	FR 26 1965 102 6	TO E Carren M.		821 M.S.	1 R De De D.



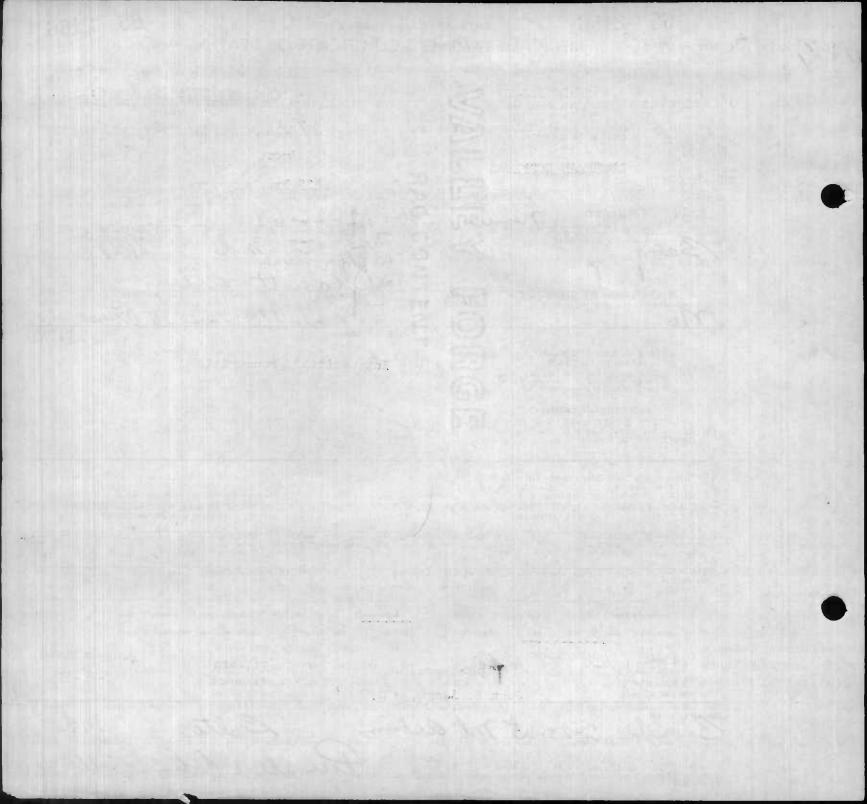
65	0400
00	2166

BALTIMORE CITY HEALTH DEPARTMENT

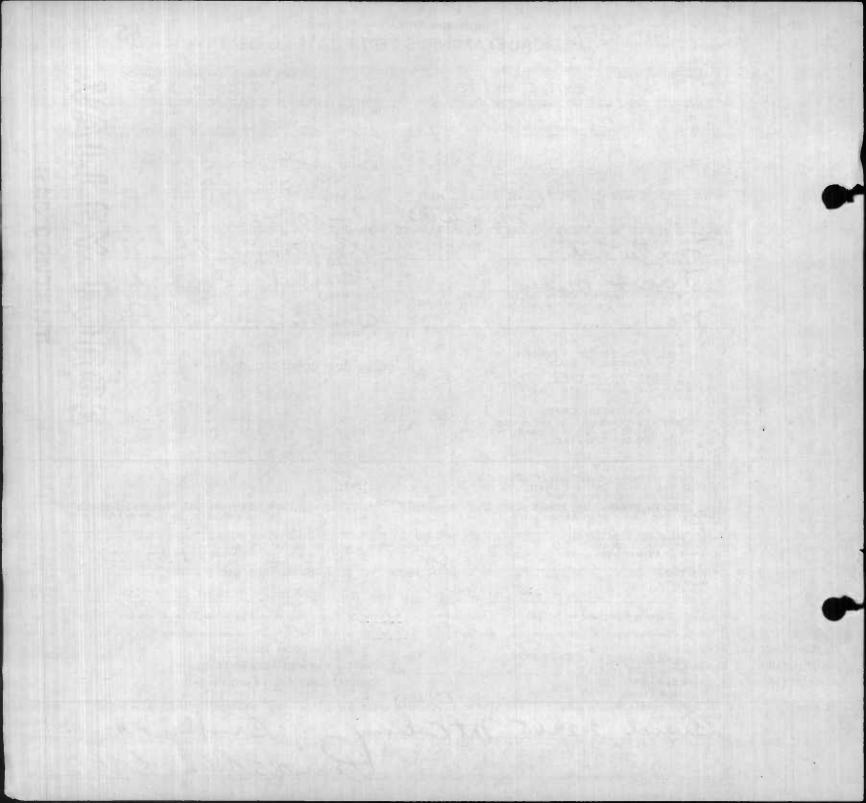
1	1	Desgare	
h	ı.°	3	
	18	3	

2166

	H NO. 64-2	5922	MEDICAL E	XAMINER'S C	ERTIFICA	TE OF	DEATH Registe	red No	~100
-	AME OF DEC	FASED				2. DATE ANI	HOUR PRONOUNCE	ED DEAD	
	e or Print)		ADIO ATTEN						8 • 25 A
3. P	LACE IN BALT		ARLO ALLEN AND, WHERE PRONC	UNCED DEAD	4. USUAL RESI	DENCE (Where	ruary 25, 196	itution: resid	8:25 A. M. ence belose odmission)
HO:	L NAME OF	(IF NOT IN	HOSPITAL OR INSTI-	TUTION, GIVE STREET	C. CITY OR TO		e corporate limits, write	RURAL on	d give tow(ship)
6		LUTHE	RAN HOSPITA	L The last	D. STREET ADI		give locotion) bury Street		
5. S	Male	6. RACE Negro	WIDO WED,	DIVORCED (specify)	12 -2		9. AGE (In years lost birthday)		1 Yr. II Under 24 Hrs. Doys Hours Min.
done	Sabi	orking life, even	nd of work 108, KIND C	OF BUSINESS OR INDUSTR	11. BIRTHURLACE	State or foreign	n d	12. CITIZE	N OF COUNTRY?
13, F	ATHER'S NAM	7			14. MOTHER'S	MAIDEN NAM	- alle	w	
			ARMED FORCES? or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Tal	les 18:	ADDRESS	Prinkum 1+
	1B.	- W		CAUSI	OF DEATH	1, 000	- 40	3 02	INTERVAL BETWEEN
CERTIFICATION	DISEASES CRISE TO THE UN DERLYIN	INTECENDENT OF CONDITIO  ABOVE CAU G CONDITIO  II  IIIFICANT CON DEATH BUT	NS, IF ANY, GIVING SE (A) STATING THE N LAST.  DITIONS CONTRIBUT NOT RELATED TO	(B)(C)					
SERTI			98. CONDITION FOR	WHICH OPERATION	20 A. AUTOPS	Y? (Yes or No)	208, IF YES, WERE FI		
EDICAL	21 A. EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	21 B hon etc.	PLACE OF INJURY (e.g., ne, farm, lactory, street,	in or obout 21C, office bldg., INJU	WHERE DID	Y	es	
	21D TIME OF INJURY (APPROX.)	(Month) (Do		WHILE AT NOT AT V	WHILE WHILE	ILNI DID WOI	JRY OCCUR?		
			d on Inquiry				is basis, death in r		
	resul	ed fram: Na	tural causes X	Accident Suicid	le Hami	ide	Indetermined mann	er	
	ACTUAL		-3 Da	mas	CHIEF I	MEDICAL EX			DATE SIGNED
	SIGNATI EXAMIN NAME (1	ER'S	John	n E. Adams, M.	ASSOCIATE				2-25-65
	BURIAL CREA			3C. NAME OF CEMETERY		23 D. L	OCATION (City	, town, or c	county) (State)
24A	DATE REC'D	BY HEALTH D	-27-45 EPT. 24B, NAM	OF REGISTRAR	24C FUNE	RAL DIRECTOR	allo.	A	DDRESS
	151 BEN 1/1/	FEB 26	1955 Rober	F E Coley H.A	tu	inell	B. Ode.	n-K	Balto md



M524	BIRTH NO.  M.E. CASE NO.  BALTIMORE CITY HE.  MEDICAL EXAMINER'S (	CERTIFICATE OF DEATH Registered No. 2167
	1. NAME OF DECEASED (Type or Print)  GERALDINE MONSLEY	February 21,1965 10:30 A.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
6	700 Fleet Street	D. STREET ADDRESS (If rurol, give locotion) 403 Pine Street
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Female Negro 2000	8. DATE OF BIRTH  9. AGE (In years lost birthday)  1-10-42  9. AGE (In years lost birthday)  Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUST dots during most of weeking literation. If refired) 13, FATHER'S NAME	Baltiman Ma 12. CITIZEN OF WHAT COUNTRY?
	Jacob Miles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCIAL	Bulah Edwards
	(Yes, no or unknown) (If yes, give war or dotes of service)  SECURITY NO.	Buelah Edwardo 463 Pine Sit
	DISEASE OR CONDITION DIRECTLY	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc., It means the disease, injury or complication which coused death.)  ANTECENDENT CAUSES	nyxia due to drowning
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
	DISEASE OF CONDITION CALISING IT	e ethylism
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes Yes
	UNDERLYINOR CONTRIB- UTING CAUSE OF DEATH.    Contribution of the	office bldg. NJURY OCCUR? Cherry Hill side of Patapsco River bank about 50' right of B&O bridge
	22.	utapsy 🗴 and that an this basis, death in my apinian
	ACTIVE OF A	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE TURE 2' TARE M. EXAMINER'S NAME (Type)  John E. Adams.	D. ASSISTANT MEDICAL EXAMINER \( \times \) ASSOCIATE MEDICAL EXAMINER \( \times \) 2-21-65
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)  Way  Address  ADDRESS
	VS 151-REV. 1/1/65	Warrel D. Coun - Dace. Mid



leased to the hospital by a medical examiner. Also, if the direct or contrib tident of any nature: (2) Body burns: (3) A fracture of any kind: (4) Undetermin

An acciden was release

the body

shows:

prior to

eceased

0

at

D.O.A.

Was

(5) Deceased

uting cause ed cause; (5)

hospital

0

.=

Such

eath.

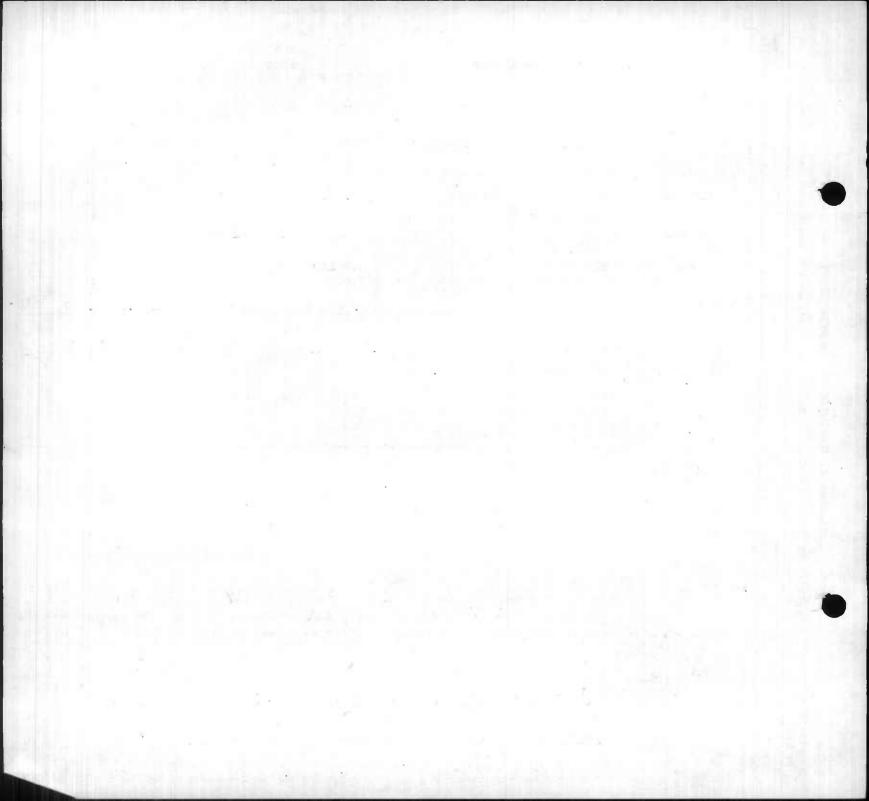
0

BALTIMORE CITY HEALTH DEPARTMENT Registered No. RIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO.65 I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) February 26, 1965 Catherine Workmeister 4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE B. COUNTY (If not in hospital or institution, give street Maryland FULL NAME OF r attenda HOSPITAL OR address or location) C. CITY OR TOWN (If gutside city limits, write RURAL and give township) INSTITUTION 5219 Windsor Mill Road Baltimore Baltimore, Maryland 21207 (If rural, give location) 21207 5219 Windsor Mill Road 9. AGE (In veors 5. SEY 6. PACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Manths Dovs WIDOWED, DIVORCED (specify) ast birthdov Haurs Female. White Single Nov. 9, 1886 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore, Maryland Never worked 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Workmeister Amelia Bichy 15. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT ADDRESS 6. SOCIAL 3612 Forest Garden (Yes, na or unknown) (If yes, give wor or dotes of service) SECURITY NO Balto., No None Mr. William Kroneberger CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Vascular (leciden LEADING TO DEATH (This does not mean the made of dying, e.g., hearf failure, asthenia, etc. It means the disease, injury ar camplication which caused death. ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198, CONDITION FOR WHICH OPERATION 19 A. DATE OF OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact lacation) DEATH (notify medical exomines) etc.) MEDI 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While (APPROX.) At Work Wark 22. I certify that (1) (this hospital) attended the deceased fram 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did was) view the body after death. musi 23A. SIGNATURE 23 B. DATE SIGNED Attending M.D. Med. Staff Phys. Director Phys. approval 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify) 3/1/1965 Burial Druid Ridge Cemetery

VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR

Pikesville, Maryland



,	4	1	2	1
	dend	Secos	on the	Such
	lospito	(5) De	ance c	death.
	in a h	JUSE; (	Hende	r to
	hitin	ned co	lar a	d pric
	h occu	termi	regu	cedse
	f deat	Unde	was ir	he de
tant if		nd; (4	oath v	an the
s assis		any KI	ed de	dance or fine
or his	1	re of c	nounc	atten
miner niner.	fractu	0	a pra	gular
exan exan	(2) A	2	hw nt	in re
nedica edical	ourns:	10::00	nysicio	SDW L
a me	Sadv b	-	he ph	Siciar
the challed	(2)	1	here t	da phy
ved by	ad the		w tqe	(9)
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or cantributing cause af death shows: (1) An accident of any nature; (2) Bady burns: (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	fany	- N	l (exc	); and
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or cantributing cause of death thouse. (1) An activities of any kind, the direct or cantributing cause of death thouse.	lane a		was D.O.A. at a hospital (except where the physician wha pranounced death was in regular attendance on the	deceased prior to death); and (6) Na physician was in regular attendance an the deceased priar to death. Such
s relect	a accid	31,73	nt a ho	or to
tification by was	(I) A-		O.A. a	ed pri
his cer	Post 200	- A O	d sp.	eceds
- + 5	S		\$	0 3

6	5 2169		BALTIMORE CITY	HEALTH DEPAR			65 2169
SIKIH NO.			CERTIFICA	TE OF DE	ATH Regis	stered Na	00 6100
M.E. CASE NO.	EASED			li li	ADATE AND HOUR	OF DEATH	
Type or Print)	Frederick E	. Kelbai	igh				13.05P.
B. PLACE OF DEA	TH IN BALTIMORE, MA		-6	14. USUAL RESIDI			itution; residence before admission
FULL NAME O	F (If not in hospital	or institution,	give street	Maryla:	B. COUNTY	27	7-12
HOSPITAL OR	oddress or locatio			C. CITY OR TOW	'N (If outside city I	limits, write RU	RAL ond give township)
	6004 York Ro	ad		Baltimo	ore		
1)	Baltimore, Ma	aryland	21212	D. STREET ADDR	ESS (If rurol, give	locotion)	
				600h Y	ork Road		21212
SEX	6. RACE		NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (Id		If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
Male -	White		owed	Sept. 4,	1874 90		
		10B, KIND OI	BUSINESS OR INDUSTRY			)	12. CITIZEN OF
Retired	working life, even if retired) - Hotel			Baltime	ore Co., Md		WHAT COUNTRY?
3. FATHER'S NAM	A E			14. MOTHER'S M	AIDEN NAME		
	70.33						
	Kelba	-	10.				
5. Was Deceosed Yes, no or unknown)	Ever in U. S. Armed For	rces? es of service)	SECURITY NO.	17. INFORMANT		53 Belma	ar Road
77.73			215-22-8475	Mr. Ralph	Kelbaugh	Baltimor	re, Maryland 2120
18. 423	214-90:	3.0	CAUSE C	F DEATH			INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DI	RECTLY	9 1	,	1 1.	0 .	
	LEADING TO DEATH		APPROVED	teriosc.	lerotic (	ardio-	- 1445
	of meon the mode of		5 6160	Idean la	~ Dister	150	
	osthenio, etc. II meons plication which coused		201	43 Cicta	- 2/0 04		
			DE SIN				
	ANTECEDENT CAUSES		Z 00 20		***************************************		
	R CONDITIONS, if		5 1 : 7				
	obove couse (A)  CONDITION last.	stoling the	CATION				
O. T. DERETTING			0/3/4				
E TO THE DI	FICANT CONDITIONS C	ATED TO TH	a robbut	e, Lef	+ Hume	145	1day 5
DISEASE OR 19A. DATE OF 21A. ACCIDEN	OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	P	(Yes or No) 20B. (F	YES, WERE FIR	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDEN	T WAS UNDERLYING	218	PLACE OF INJURY (e.g., i	n or obout 21 C. WH	ERE DID (I	f in Boltimore	City, give exact location)
OR CONTRIBU	ITING CAUSE OF	hon	ne, form, foctory, street, o	ffice bldg. INJURY	OCCUR?		
U	medical examiner)		Home	6	004 400	brd. 1	Bolta 46. 21212
21D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HO	W DID INJURY OCC	UR?	11.2 4
(APPROX.)	Feb. 19,196	WI WI	ile At Not Whi	10 F	ell 2nd fi	1000 0	20189 10
	. "/	8 KMINO	rk  At Work	# 17		bat	4004
22. I certify	that (I) (this shapping	t) ottended t	he deceased from	1494	19 60	to FE	b. 1964
	last saw the decease			19 65	and that in (my	) (aue) apini	an death occurred an the da
			) ( <del>Ma) (did)</del> (did nat)	damaka bi bi di			
		red 000ve. (	(ara (ma)	view the body att	er death.	1.	DATE CICALED
23A. SIGNATU	1/ N.		. 0			4	23B. DATE SIGNED
CON	nelock a	unu	M.D. Att	ending Me	ector Phys.		F-16,26,186
23C. PHYSICIA NAME (T	N'S ype)		M.D.	23D. ADDRESS	orp Rd.	Bal	6. 20p. 212i
4A. BURIAL CREA		24C. N	AME of CEMETERY of CR	EMATORY	24D. LOCATION	(City.	, town, or county) (State)
REMOVAL (S							
Burial	2/27/19		ruid Ridge Cer			lle, Ma:	ryland
5A. DATE REC'D	BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL		a	A do m. 6 m 0 0
	FEB 26 1965	(Ralies)	JE Tarbey M.A	11021	7.3h 10	2 20	the Pa aven
'S 150-REV. 1/1/6	5 1 1 1	7		W. M. Y.	CO NOTS!	he FIEL	No constant
130-KE V. 17176	NEL						



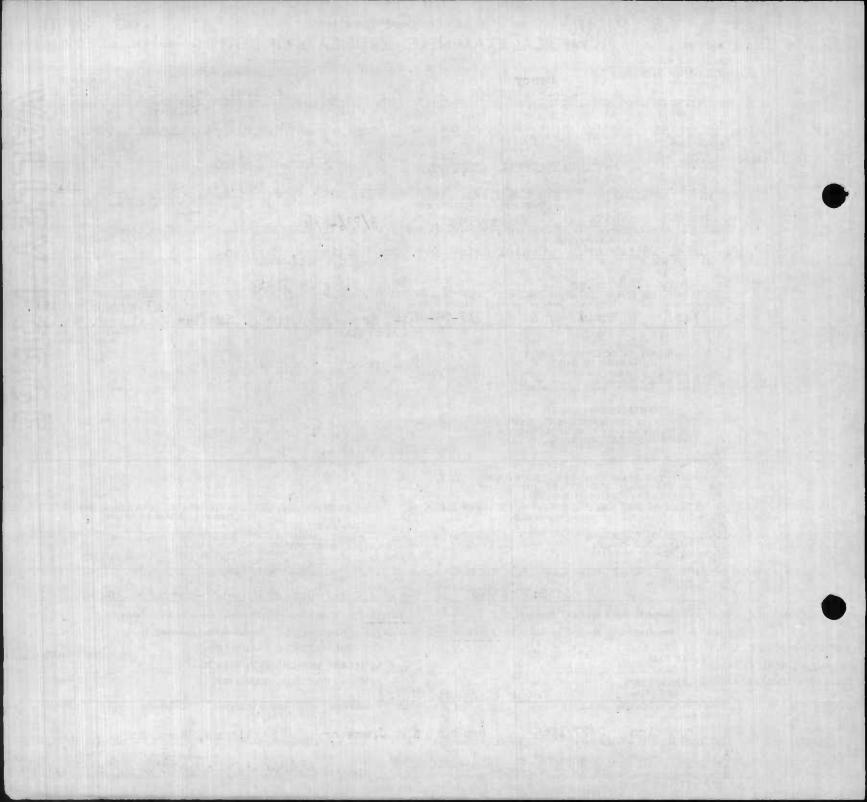
24A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

248, NAME OF REGISTRAR

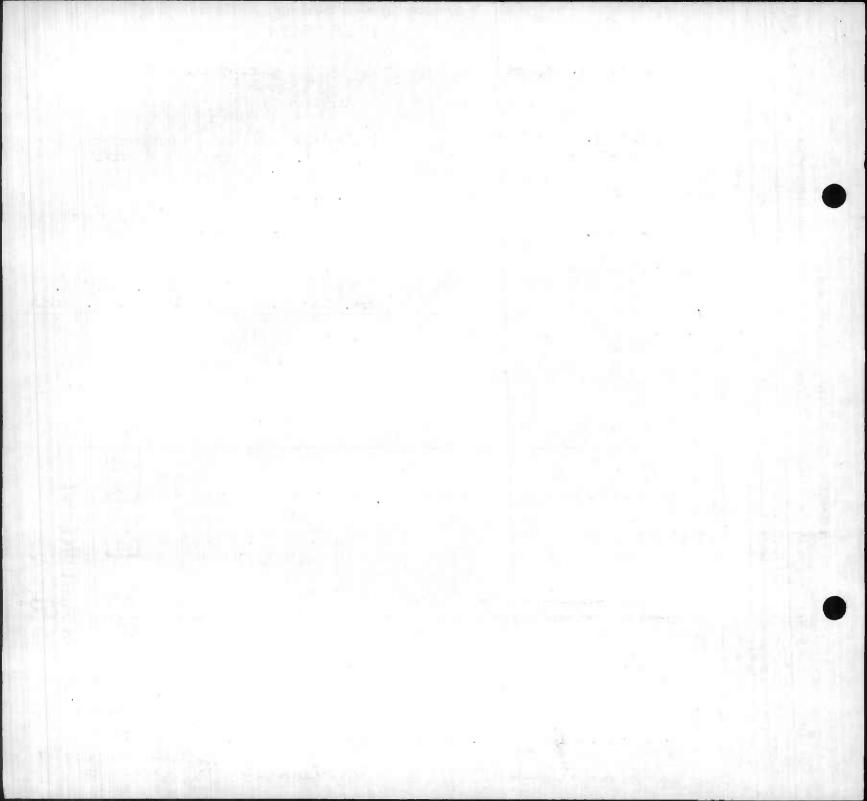
2170 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD Henry (Type or Print) WILLIAM Sandlas February 24, 1965 3:55 P.M. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Maryland
C. CITY OR TOWN III outside corporate limits, write RURAL and give jown hip) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR Baltimore D. STREET ADDRESS (If rural, give location) MARYLAND GENERAL HOSPITAL 603 Wyndhurst Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In y its Il Under 1 Yr. If Under 24 Hrs. Months Doys , Hours , WIDOWED. DIVORCED (specify) Min. Male White Male White Married

10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY te ar foreign country) 12. CITIZEN OF dane during most of working life, even if retired) WHAT COUNTRY? Consolidated Eng. Co. Baltimore, Maryland Chief Estimator 13. FATHER'S NAME Henry J. Sandlas Sophie Thais 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 6. SOCIAL ADDRESS (Yes, na arunknown),(If yes, give wor or dotes of service) SECURITY NO. 603 Wyndhurst Ave. Yes World War I 212-09-9831 Mrs. Josephine R. Sandlas Baltimore, Md. 10 CAUSE OF DEATH 16.4 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fractures of cervical spine (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218, PLACE OF INJURY (e.g., in or about 21C. WHERE DID (II in Baltimare City, give exact location) hame, form, factory, street, office bldg, NJURY OCCUR? Yes MEDICAL 21A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB-Street Mt. Vernon and Charles Street 21D TIME (Month) (Haurl 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Day) (Yearl OF INJURY 3:30 WHILE AT [ (APPROX.) NOT WHILE Driver in auto-auto collision 22. I certify that I held on Inquiry Inspection Autopsy 3 and that on this bosis, death in my opinion resulted from: Notural causes Accident x Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE 2-25-65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) John E. Adams, M.D. 23A, BURIAL CREMATION, 238, DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (State) REMOVAL (Specify) Loudon Park Crematory Bal 2/27/1965 Wat. Juhners Sons with & Pa. avenues Cremation.



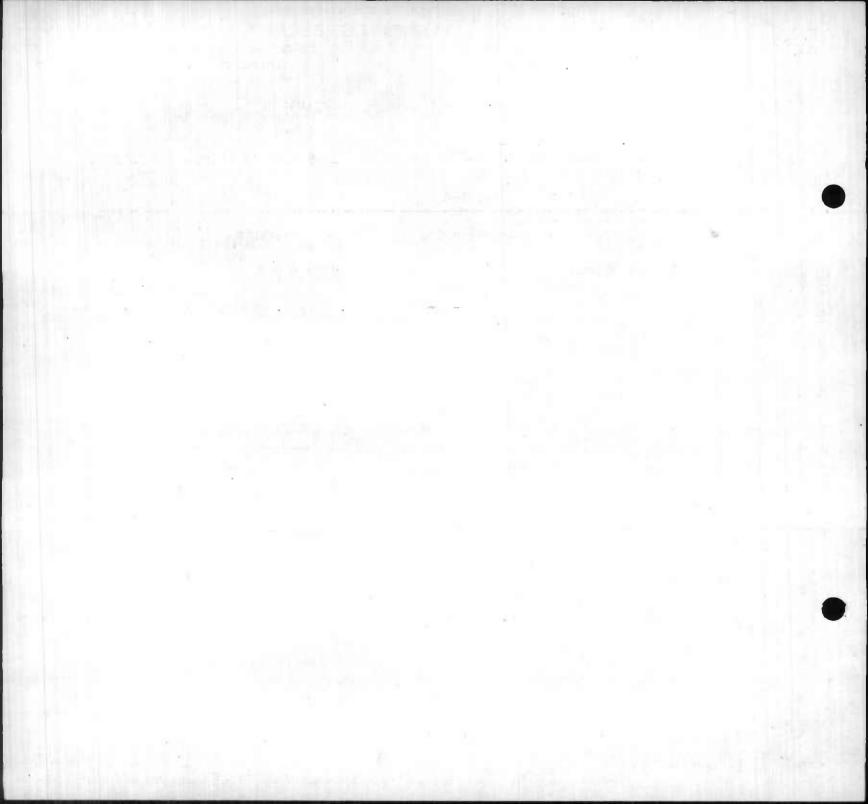
BIRT	н но. 6	5 2171	CERTIFIC	ATE OF DEATH	Registered N	00 61/1
M.E	AME OF DE	CEASED	CERTIFIC		ND HOUR OF DEAT	Н
	e or Print)	Charles T. Mc	Clure			106K   3 F
3. P		ATH IN BALTIMORE MA		4. USUAL RESIDENCE (Wh	ere doceased lived. Il	institution; residence before od
-	ULL NAME	OF (If not in hearit-)	or institution, give street	Maryland	/	5-09
-	HOSPITAL OR	oddross or location			utsido city limits, writ	o RURAL and give township)
1		2112 Mt. Holl:	v Street	Baltimore		
1		Baltimore, Ma		D. STREET ADDRESS (II	rural, give lacation)	21 21 4
				2112 Mt. Hol		21216
5. S		6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Doys Hours
	ale	White	Married	Sept. 6, 1895	69	la cirioni de
		Working life, even il retired)	10B. KIND OF BUSINESS OR INDUST			12. CITIZEN OF WHAT COUNTRY?
		- Archt.		Baltimore,		
13. 1	FATHER'S NA	ME		14. MOTHER'S MAIDEN NA	ME	
	Richa	rd McClure				
15. \ (Yes	Was Decease	d Ever in U. S. Armed For	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT	21]	2 Mt. HOPPy St.
	No	None	32.CORITI 110.	Mrs. Clara C.		
	18. // 1	0 / 1	CAUSE	OF DEATH	, ,	INTERVAL BETWE
	DISEA	SE OR CONDITION DIR	PECTLY	0.0.	Marie	ONSET AND DEA
	DISEA	LEADING TO DEATH	Coro	nary victuring.	Motorne	
	(This does	nal mean the mode of	dying, e.g., DUE TO	mary Occurring.	Dialona	Z may.
	heort foilure	, osthenio, etc. Il meons	the disease	1000000	+ marci	U021
		malication which covered		1 (/1	10-1-	. /
	injury ar ca	mplication which caused	death.)	heroselevotici	C& Dire	are since ideal
		ANTECEDENT CAUSES	death.)	herotelerotic	CO Dive	ase dince ig/27/1
	DISEASES	ANTECEDENT CAUSES	death.)  (B)  DUE TO	herotelevotic	CO Dise	are dince ig/27/
	DISEASES	ANTECEDENT CAUSES	death.)  (B)  DUE TO	heroselevotic	CO Dise	and dince 10/27/1
	DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A)	death.)  (B)  DUE TO	herofelerotic	CO Dive	and dince ig/27/
NO	DISEASES rise to 11 UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION lost.	death.)  (B)  DUE TO  any, giving stalling the (C)	herobelevotic	CO Dive	are dince ig/27/
ATION	DISEASES rise to the UNDERLYIN OTHER SIGN TO THE E	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION lost.  II HIFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	death.)  (B)  DUE TO  any, giving staling the (C)  CONTRIBUTING LITED TO THE T.	herobelevotic	CO Dive	ase dince iofer/
	DISEASES rise to the UNDERLYIN OTHER SIGN TO THE E	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION lost.  II HIFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	death.)  (B)  DUE TO  DUE TO  any, giving staling the (C)  CONTRIBUTING STEED TO THE T.  DITION FOR WHICH OPERATION	Peroteleratio	a) 208. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ERTIFIC	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE TIMES OF TIMES OF THE TIMES OF TH	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION lost.  INTERPORT OF THE CONDITIONS CAUSING IS TOPERATION 198. CON WAS PERI	death.)  (B)  DUE TO  DUE TO  any, giving staling the (C)  CONTRIBUTING TED TO THE T.  DITION FOR WHICH OPERATION FORMED			RE FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIFIC.	DISEASES rise to 11 UNDERLYIN  OTHER SIGN TO THE I DISEASE OR 19A. DATE O  OR CONTRIB	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) of CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	death.)  (B)  DUE TO  any, giving staling the (C)  CONTRIBUTING TED TO THE TED TED TO THE TED TED TED TED TED TED TO THE TED TED TED TED TED TED TED TED TED TE	20A. AUTOPSY? (Yes ar Notice bidg., INJURY OCCUR?		RE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CERTIFIC	DISEASES rise to 11 UNDERLYIN  OTHER SIGN TO THE I DISEASE OR 19A. DATE O  OR CONTRIB	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	death.)  (B) DUE TO  DUE TO  any, giving staling the (C)  CONTRIBUTING STED TO THE T.  DITION FOR WHICH OPERATION FORMED	, in ar obout 21 C. WHERE DID		
EDICAL CERTIFIC	DISEASES rise to 11 UNDERLYIN  OTHER SIGN TO THE I DISEASE OR 19A. DATE O  OR CONTRIB DEATH (notil	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) of CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	death.)  (B) DUE TO DUE TO  any, giving staling the (C)  CONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION FORMED  [21B. PLACE OF INJURY (o.g. home, farm, lactory, street, etc.]  (Haut) 21E. INJURY OCCURRED	, in ar obout 21 C. WHERE DID	(II in Boltin	
DICAL CERTIFIC	DISEASES rise Ia II UNDERLYIN  OTHER SIGN TO THE I DISEASE OR  19A. DATE O  21A. ACCIDI OR CONTRIB DEATH (notil	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION lost.  INTERCANT CONDITIONS CODEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERI	death.)  (B) DUE TO  DUE TO  any, giving staling the (C)  CONTRIBUTING TED TO THE TED TO	, in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltin	
MEDICAL CERTIFIC	DISEASES rise to 18 UNDERLYIN  OTHER SIGN TO THE E DISEASE OR  19A. DATE O  21A. A CCIDI OR CONTRIB DEATH (notil  21D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if ne abave cause (A) of CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	death.)  (B) DUE TO  DUE TO  any, giving slaling lihe (C)  CONTRIBUTING STED TO THE T.  DITION FOR WHICH OPERATION FORMED    218. PLACE OF INJURY (o.g. home, form, lactary, street, etc.)  (Haur) 21E. INJURY OCCURRED While At   Not W. Work   At W. C.	olfice bldg., INJURY OCCUR?	(II in Boltin	nore City, give exact lacation)
MEDICAL CERTIFIC	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE I DISEASE OR 19.A. DATE O  21.A. A CCIDIO OR CONTRIB DEATH (notil)  21.D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION lost.  INTERCANT CONDITIONS CAUSING I CONDITION CAUSING I F OPERATION 198. CON WAS PERION WAS PERION CAUSE OF y medical examiner)  (Manth) (Day) (Your)	death.)  (B)  DUE TO  DUE TO  any, giving staling the (C)  CONTRIBUTING TED TO THE TED TED TED TED TED TED TED TED TED TE	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltin	nore City, give exact lacation)
MEDICAL CERTIFIC	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE I DISEASE OR 19.A. DATE O  21.A. A CCIDIO OR CONTRIB DEATH (notil)  21.D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if ne abave cause (A) of CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	death.)  (B) DUE TO  DUE TO  any, giving staling the (C)  CONTRIBUTING (C)  And (C)  CONTRIBUTING (C)  CONTRIBUTING (C)  And (C)  CONTRIBUTING (C)  CONTRIBUTING (C)  And (C)  CONTRIBUTING (C)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltin	nore City, give exact lacation)
MEDICAL CERTIFIC	DISEASES rise to 11 UNDERLYIN  OTHER SIGN TO THE C DISEASE OR 19A. DATE O  OR CONTRIB DEATH (notil  21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (week)	ANTECEDENT CAUSES  OR CONDITIONS, if the abave cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	death.)  (B)  DUE TO  DUE TO  any, giving staling the (C)  CONTRIBUTING TED TO THE TED TED TED TED TED TED TED TED TED TE	hilo Oct. 27	JURY OCCUR?	nore City, give exact lacation)
MEDICAL CERTIFIC	DISEASES rise to 11 UNDERLYIN  OTHER SIGN TO THE C DISEASE OR 19A. DATE O  OR CONTRIB DEATH (notil  21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (week)	ANTECEDENT CAUSES  OR CONDITIONS, if e abave cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving staling the (C)  CONTRIBUTING (TED TO THE T.)  DITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (o.g. home, farm, lactary, street, etc.)  (Haur) 21E. INJURY OCCURRED While At Not Work At	in ar about 21 C. WHERE DID olfice bldg., INJURY OCCUR?  21 F. HOW DID IN  21 F. HOW	JURY OCCUR?	TUT 25 19 opinion death accurred on t
MEDICAL CERTIFIC	DISEASES rise to 11 UNDERLYIN  OTHER SIGN TO THE I DISEASE OR 19A. DATE O  OR CONTRIB DEATH (notil  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (are and hour or	ANTECEDENT CAUSES  OR CONDITIONS, if e abave cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving staling the (C)	hilo Delta Did Standard Control of the body after death.	JURY OCCUR?	TUT 25 19 opinion death accurred on t
MEDICAL CERTIFIC	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE EDISEASE OR 199A. DATE OF 199A. DATE	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) of CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving staling the (C)	w, in ar about 21 C. WHERE DID olfice bldg., INJURY OCCUR?  21 F. HOW DID IN this Director Division of the control of the cont	JURY OCCUR?	Popinian death accurred an t
MEDICAL CERTIFIC	DISEASES rise to 11 UNDERLYIN  OTHER SIGN TO THE I DISEASE OR 19A. DATE O  21A. ACCIDI OR CONTRIB DEATH (notil 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (are and hour ar 23A. SIGNAT  23C/PHYSICI MAME (	ANTECEDENT CAUSES  OR CONDITIONS, if e abave cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	death.)  (B) DUE TO  DUE TO  any, giving staling the (C)  CONTRIBUTING (C)  CONTRIBUTING (C)  CONTRIBUTING (C)  CONTRIBUTING (C)  CONTRIBUTING (C)  CONTRIBUTING (C)  (THOUGH (C)  A CONTRIBUTING (C)  (THOUGH (C)  A CONTRIBUTING (C)  (A CONTRIBUTION (C)  (A CONTR	in ar about 21 C. WHERE DID olfice bldg., INJURY OCCUR?  21F. HOW DID IN  21F. HOW DID IN  21F. HOW DID IN  21F. HOW DID IN  Attending Mod.  Director  23D. ADDRESS	JURY OCCUR?	TUT 25 19 opinion death accurred on t
MEDICAL CERTIFIC	DISEASES rise to 11 UNDERLYIN  OTHER SIGN TO THE I DISEASE OR 19A. DATE O  21A. ACCIDI OR CONTRIB DEATH (notil 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (are and hour or 23A. SIGNAT  23C/PHYSICI.	ANTECEDENT CAUSES  OR CONDITIONS, if a bave cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving staling the (C)	in ar about 21 C. WHERE DID olfice bldg., INJURY OCCUR?  21F. HOW DID IN thile of the bldy of the death.  Attending Mad. Director of the bldy and the bldy of the	JURY OCCUR?  1962 to hat In (my) (out) of Phys.   Gad, Bai	Popinion death accurred an to 238 pate signed 26, 196, 26, 196, 21229
MEDICAL CERTIFIC	DISEASES rise to 11 UNDERLYIN  OTHER SIGN TO THE I DISEASE OR 19A. DATE O  21A. ACCIDI OR CONTRIB DEATH (notil 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (are and hour or 23A. SIGNAT  23C/PHYSICI.	ANTECEDENT CAUSES OR CONDITIONS, if ne above cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	death.)  (B) DUE TO  DUE TO  any, giving staling the (C)  CONTRIBUTING (C)  CONTRIBUTING (C)  CONTRIBUTING (C)  CONTRIBUTING (C)  CONTRIBUTING (C)  CONTRIBUTING (C)  (THOUGH (C)  A CONTRIBUTING (C)  (THOUGH (C)  A CONTRIBUTING (C)  (A CONTRIBUTION (C)  (A CONTR	in ar about 21 C. WHERE DID olfice bidg., INJURY OCCUR?  21F. HOW DID IN  (hile	JURY OCCUR?  19 7 to hat In (my) (out) of Phys.   Oad Ball	populate signed  238 PATE SIGNED  238 PATE SIGNED  26, 196  City, town, or county)
MEDICAL CERTIFIC	DISEASES rise to 11 UNDERLYIN  OTHER SIGN TO THE C DISEASE OR 19A. DATE O  21A. ACCIDIO OR CONTRIB DEATH (notil)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (was and hour or 23A. SIGNAT  23C PHYSICI  23C PHYSICI  C BURIAL CR	ANTECEDENT CAUSES OR CONDITIONS, if ne above cause (A) of CONDITION (A) of CONDITIONS (A) of CONDITIONS (A) of CONDITION CAUSING I FOPERATION 1981. CONDITION CAUSING I FOPERATION 1981. CONDITION (A) of CONDITIO	any, giving staling the (C)	in ar about 21 C. WHERE DID olfice bidg., INJURY OCCUR?  21F. HOW DID IN  (hile	JURY OCCUR?  1962 to hat In (my) (out) of Phys.   Gad, Bai	populate signed  238 PATE SIGNED  238 PATE SIGNED  26, 196  City, town, or county)

Burial 2/27/1965 Mt. Olivet Cemetery
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR
FEB 26 1965 Robert E. Farkey M. A Baltimore, Maryland 25C. FUNERAL DIRECTOR Beltimore, mod 20085571 FEB 26 1965 VS 150-REV. 1/1/65



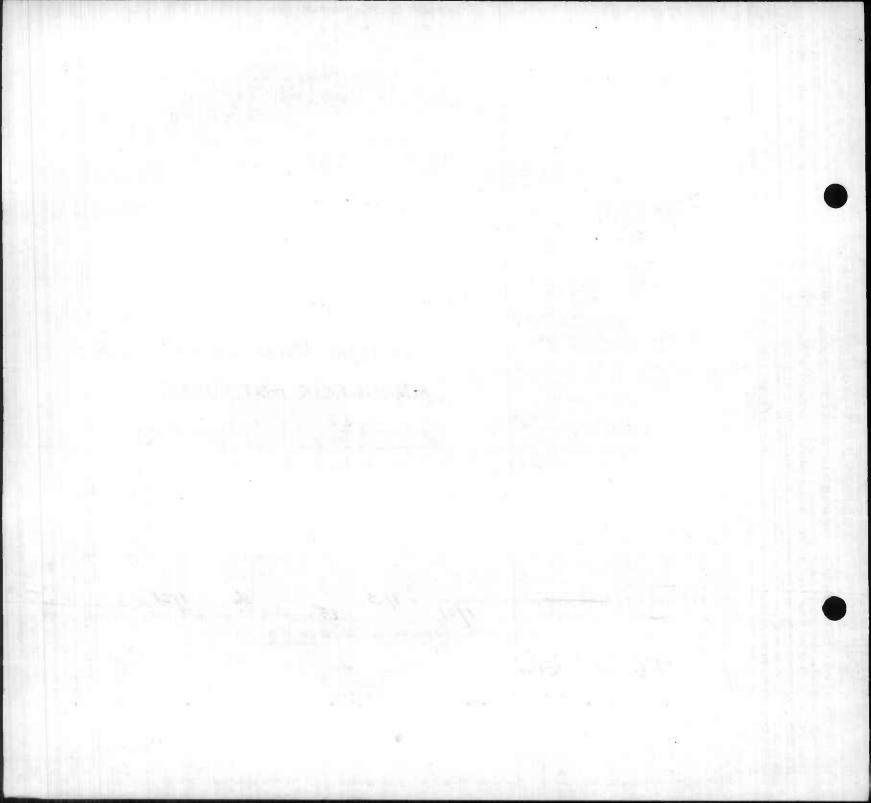
## DIRECTOR: FUNERAL

February 24. 1965 4. USUAL RESIDENCE (Where deceased lived If institution residence before admissional A, STATE B. COLLINTY C. CITY OR TOWN (If outside city limits, write RURAL and (If rural, give location) 1939 Griffis Avenue 21230 9. AGE (In years If Under 1 Yr. If Under 24 His. tost birthdov Hours 12. CITIZEN OF WHAT COUNTRY? 1939 Griffis Avenue Baltimore, Maryland 30 INTERVAL BETWEEN ONSET AND DEATH physician the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED 0 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before by 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF to the hospital ° MEDICAL DEATH (notify medical examined etc.) nature; obtained 21 D. TIME (Month) (Doy) (Year) 21E. INJURY OCCURRED (Hour) 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not White (APPROX.) At Work and any 22. I certify that (I) (this hespital) attended the deceased from that (1) (we) last saw the deceased alive an Jeb-24 19 66 and that ir(my) (aur) opinion death accurred on the date of death) hospita and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. was released must accident 23A. SIGNATURE 23B, DATE SIGNED Attending M.D. Med. 0 Phys. Director approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior ŧ An URLOCK JOHN 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased the body O REMOVAL (Specify) shows: Ö Burial Trinity Chapel Cemetery Howard County, Maryland Was 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

\r_ \r_	04190		BALTIMORE CITY	HEALTH DEPARTMENT		CE OAMO
BIKIH NO.	2173		CERTIFICA	TE OF DEATH	Registered No.	65 2173
M.E. CASE NO.	D			DATE	AND HOUR OF DEATH	
(Type or Print)	Ridgely	A. Fre	ay .	Fe	bruary 18, 19	965 1 10:20P M
3. PLACE OF DEATH I	N BALTIMORE, MA	RYLAND	0	A. STATE , B. COL	here deceased lived. If i UNITY  Baltima	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital oddress or location		pive street	c. CITY OR TOWN (IF		RURAL and give township)
	morial Hosp	pital		Lutherville	(If rural, give location)	53-60
	·		32.30		tz Avenue	
5. SEX 6. R/			NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
Male	White	Mari	. /	DEc. 26.1899	65	
		10B, KIND OF	BUSINESS OR INDUSTRY		oreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working	^	0 1	<u> </u>	0 1 4	, ,	WHAT COUNTRY?
Highways l	Jept.	Baltim	ore County	Baltimore Mar.	yland	USA
13. FATHER'S NAME				14. MOTHERS MAIDEN N	YAME	
Adolph Fre	211.			Clara Barlos	1/)	
15. Was Deceosed Ever		ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If y	es, give wor or date	s of service)	218-07-7600	Family reco.	nds	
1B. 420.	/ 1		CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE O	R CONDITION DI	RECTLY				
LEA	DING TO DEATH		(A) CO1	RONARY ARTER	RY OCCLUSION	V HOUR
	neon the mode of		DUE TO		-4	
	enio, etc. It means stion which caused					
		deom.,	ARTER	IOSCLEROTIC HE	ART DISEAS	E
ANIE	ECEDENT CAUSES		DUE TO	Wassessin and AWASS and a second of all	F. A. L. Constantine Constantine	
	CONDITIONS, il					
	bove cause (A)	stoling the	(C)		00,077 <b>00077000</b> 070000000000000000000000	00000000000000000000000000000000000000
UNDERLYING CO	JADITION IOSI.					
OTHER SIGNIFICA	II NT CONDITIONS C H BUT NOT RELA	ONTRIBUTING	3			19 7 4
DISEASE OR CON	IDITION CAUSING	IT.				
19A. DATE OF OPE	RATION 198. CON WAS PER	IDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	Not 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT W	VAS UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltimo	re City, give exact location!
OR CONTRIBUTING	G CAUSE OF	hom etc.l	e, form, foctory, street, c	office bldg., INJURY OCCUR?		
O 21D. TIME (Me	onth) (Doyl (Yearl	(Hourl 21E,	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
OF INJURY		Whi	ile At Not Whi	le 🖂		
(APPROX)		Wo	rk			
22. I certify that	(I) (this haspital	h) ottended ti	he deceased from 3/	3	1966 to 11	2/ 1965
Ab as (1) forms 10 as	anu sha darana	al altus on	1/21		Abot 1- () (aug) an	Inion death occurred on the dat
	t sow the decease					inton deom occurred on the dor
and hour and fro	m the couses sto	ted obove. (I	) (We) (did) (dld not)	view the body ofter deat	h.	
23A. SIGNATURE		0				23B. DATE SIGNED
TIM	Simon	Vi.	M.D. Att	ending Med. Director	Stoff Phys.	2/19/65
1.0.	aurmo	No.	Phy		Phys.	-1.1100
23C. PHYSICIAN'S NAME (Type)	T. C. Siw	inski, 1	1. D. M.D.	206 W. Pennsy	Ivania Ave.	Towson 4, Md.
24A. BURIAL CREMAT	ION, 24B. DATE	24C. N	AME of CEMETERY OF CR	U U		City, town, or county! (Stotel
REMOVAL (Speci	fy)					
Burial	2/22/65	Lo	udon Park Cem	etenu 250. FUNERAL DIRECT	Baltimore	Mary land
25A. DATE REC'D BY		25B. NAME C	OF REGISTRAR			
MAI	R 1 1965	Vole 5	E. Janey M.A.	John Bur	ns Sons	lowson 4. Md.
V\$ 150-REV. 1/1/65		1-2-2-				



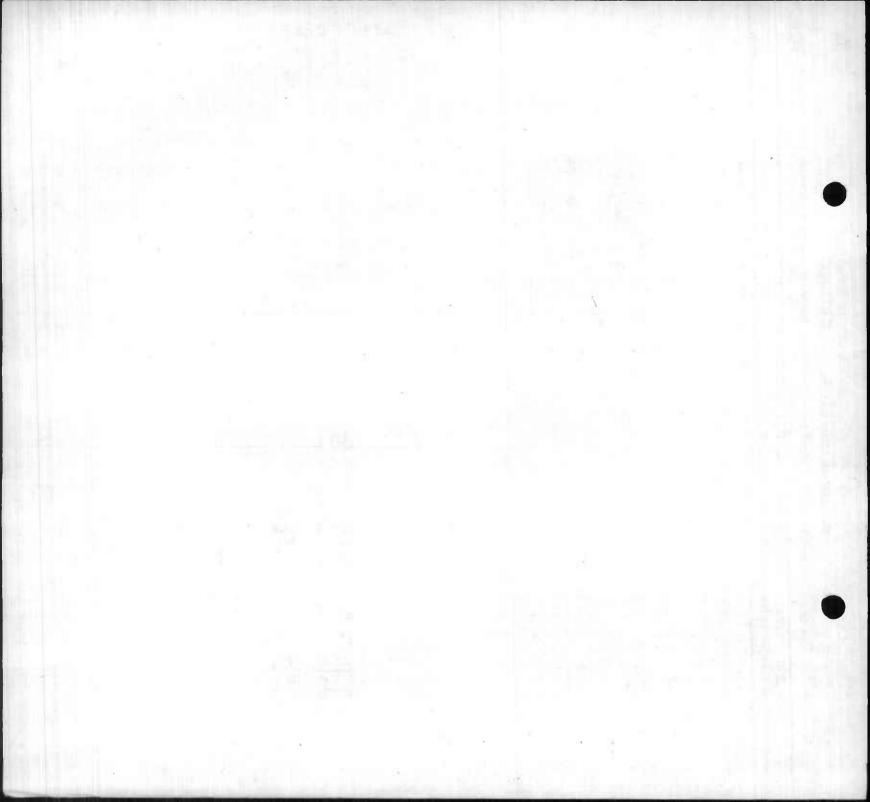
## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	05 03174	BALTIMORE CITY	HEALTH DEPARTMENT		65 2174
	тн но. 65 2174	CERTIFICA	TE OF DEATH	Registered No	00 61/4
1,1	E CASE NO.	0	2. DATE ANI	HOUR OF DEATH	
	pe or Print! Dollen like	BAUIlla	B. 每	2-22-6	1111
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN		tion: residence before admission)
	FULL NAME OF (If not in hospital or instituti	on, give stieet	Mary land.	Balto	4
X	HOSPITAL OR oddress or locotion)	3-9-65		side city limits, write RURA	AL ond give township)
VI	KIIFICATE CORRECTED	J=J=0J	D. STREET ADDRESS (III	uiol, give location)	75-00
1	Maryland General	Hospital.	609 W.	Joppa t	. 65
5.	C WIDO	WED DIVORCED (specify)	8/14/04/	ost birthdoy) M	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	L USUAL OCCUPATION (Give kind of work 10B, KIND de during most of working life, even if retized)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreig	on country)	2. CITIZEN OF WHAT COUNTRY?
	Housewire -	Own Home	Maryla	nd, US/4.	USIT
13.	FATHERS NAME	5	14. MOTHER'S MAIDEN NAM	1 11 1	WATERS
15.	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
	s, no of unknown the yes, give wor or does of service	SECURITY NO.	Family Records		
-	18. / 9	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	10.	111.0		ONSET AND DEATH
	LEADING TO DEATH	(A) The	tastaticlo	ircinoma o	or Dreast. 647
	(This does not meen the mode of dying, heart foilure, asthenia, etc. It means the dise		. 1 .		0
	ANTECEDENT CAUSES	(B) Claire	anulocy tosi	5	1 days.
	DISEASES OR CONDITIONS, if ony, give	DUE TO			0
	rise to the obove couse (A) stoting		######################################	*****************	AAA00 000 00 00 00 000 000 000 000 000
	UNDERLYING CONDITION lost,				
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	208. IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medico( exominet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore Cit	ly, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	-1-12-1
2	(APPROX)	While At Work Not While At Work			
	22. I certify that (I) (this hospital) attended	ed the deceased fram	1-29	& S 10	2/221965,
	that (I) (we) last saw the deceased alive	on 2/2	19 65 and the	ot in (my) (aur) opiniar	death accurred on the date
	and haur and from the causes stated obave	e. (I) (We) (did) (did nat) v			
	20A. SIGNATURE				B. DATE SIGNED
	from train	M.D. Atte	ending Med. Director	Stoff Phys.	2-22 48
	PHYSICIAN'S JOHN B. STRA	M M.D.	23D. ADDRESS	DOING ).	100
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24B.	C. NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (City, 1	own, or county) (State)
	Burial Feb. 24.196	5 Prospect Hill	Cemetery To	wson Marylan	ADDRESS
	MAR 1 1965 R.C.	B. E. Jalley M.A	John Burn	Sono 7	month Mil
L's	150-REV 1/1/65		11 111 000,000	11	a complete

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 2175	
BIRTH NO. 65 2175	CERTIFICA	TE OF DEATH	, Registered Na.	00 (21/0)	
M.E. CASE NO.  1, NAME OF DECEASED			D HOUR OF DEATH		
	IAL HARRISO		19-65	1 6:55 P	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	HE MAILEOU	4. USUAL RESIDENCE (When	e deceased lived. If i	institution: residence before admission)	
		A. STATE B. COUN		5-2	
FULL NAME OF (If not in hospital or institution, oddress or location)	give streel		OLTIMORE	RURAL and give township)	
UNION MEMORIAL HOSA	OITAL	TOWSON	side city littlis, write	KOKAL did give township)	
33FD & CALVERT ST	11110		rural, give location)		
BALTIMORE 18, MP		509 PA	RK AVE		
5. SEX   6. RACE   7. MARRIED	D, NEVER MARRIED		9. AGE (In years	If Under 1 Yr. , II Under 24 Hrs.	
MALE WHITE MARK	ED, DIVORCED (specify)	10-14-91	tost birthdoys	Months Doys Hours Min.	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND C	F BUSINESS OR INDUSTRI		gn country)	12. CITIZEN OF	
done during most of working life, even if retired)	TILED.	CONNECTICUT	, USA	WHAT COUNTRY?	
70 71 71 71 71 71 71 71 71 71 71 71 71 71	TISTRY	14. MOTHERS MAIDEN NAM	/	USA	
13. FATHERS NAME UN KNOWN		THE MOTHER'S MAIDEN HAN	ME UNKNOU		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
UNENOWN	VUKNOON	CHART Fami	ly Records		
18. / 7 7 X I	CAUSE	DF DEATH	1	INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY	01	10-10-10-10-		ONSET AND DEATH	
LEADING TO DEATH (This does not mean the made of dying, e.g.	(A) [ H ]	ECINOMATOS	15	MONTHS	
heart failure, asthenia, etc. 11 means the disease					
injury or complication which caused death,)	ME	TASTATIC CAR	PCINOMA O	OF MONTH	
ANTECEDENT CAUSES	DUE TO	PROSTAT	F GLANI	j	
DISEASES OR CONDITIONS, if any, giving		1100111	0,7,7,		
UNDERLYING CONDITION last.		DOM - 0.00 0.00 0.00 - 0.00 0.00 0.00			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT.	1G HF				
DISEASE OR CONDITION CAUSING IT.		120 A A 11 = 2 = 2   V   N -	1 008 15 450		
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	AUSES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING 21	R. PLACE OF INITIRY (e.g.,	in or about 21C. WHERE DID	(If in Boltimo	re City, give exact location)	
OR CONTRIBUTING CAUSE OF ho	ime, form, foctory, street, o	office bldg., INJURY OCCUR?	W III COMMO	ie ony, give exoct toconom	
O					
U OF INJURY	E. INJURY OCCURRED  /hile At  Not Whi	21F. HOW DID INJ	URY OCCUR?		
	ork At Wark				
22. I certify that (I) (this hospital) attended	the deceased fram/_	-/7	19 65 ta	2-19 1965.	
that (1)((we) last sow the deceased alive on	2-19	19 65 and the	at In (my) (aur) op	inian death accurred an the date	
and hour and fram the causes stated above.	(I) (We) (did) (did nat)	view the bady after death.			
23A. SIGNATURE				23 B. DATE SIGNED	
CC/Grayson M.D. Attending Med. Stoll 2-19-65					
23 C. PHYSICIAN'S		23D. ADDRESS			
NAME (Type)	M.D.				
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY of CR	REMATORY 124D. LO	OCATION (C	City, town, or county) (State)	
REMOYAL (Specily)	d1111111		1.	,	
Durital (rem. teb. 23, 1965		enmount (em.   Bo		aryland	
MAR 1 1965 PL	- C FA D. M.D.	2SC. FUNERAL DIRECTOR	()	ADDRESS )	
	) C. datasa, and	John Harr	9 Aors	yourand, in.	
VS 1S0-REV. 1/1/65					



VS 151-REV. 1/1/65

of Bus Sois

V.S. 153 3-8-65 M.H.

	// 01	
7/	161	
1.	16-6-	
1	F 0 4 0	4
2	Su + as	
2	-000	
4	F	
7,	Q 0 0 0	i
La	50 e S	į
FLANNERS.	T S O B	(
-	00000	>
1. 1	2 3 4 1	)
IN V	in gradie	
the "	D	
``	1300 B	
	24:12 50	
	D D D D D D D D D D D D D D D D D D D	
	0 0 0 0 0	
	44	
10/1/2	P. P.	
	D D D S	
1771	+ 50 34 0	
FUNERAL DIRECTOR: IMPORTANT	- S	
Z	E 5 + 4 E 5	
4	0 0 0 0	
- Jun	is dir	
~	ST > E E	
0	o de la la	
4	den for	
2	720370	
T	O A O D D E	
	F - 30 F B	
~	50000	
0	in in Dan	
	an H	
E	XDX	
~	966 5	
7	5 5 S E	
	Si S	
7	y S C die	
	Eode	
111	4 - 7 - 5 0	
7	1 0 0 0 1 1 +	
5	0 × = > 0	
E	50000	
	+ = 0 0 0	
6.77	>= 0 ZZ	
	S S S S S S S S S S S S S S S S S S S	
	90000	
	> = 0 D B	
	ドセン× Pd	
	d = 0 0	
	ロナギニをも	
1	P + it	
	Se co	
	S do de	
	E + C - C	
	9 2 8 2 >	
	at at or	
	DA Jad	
	# 2 7	
	£6000E	
100	2000	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	나나	
	- 4 5 0 5	

		8ALTIMORE CITY	HEALTH DEPARTMENT		Of the state of
BIR	TH NO. 65 2177	CERTIFICA	TE OF DEATH	Registered No	65 2177
1.1		RL MAY TI	AULAD	D HOUR OF DEATH	F   7:4= N:
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	~	4. USUAL RESIDENCE (Whor	e deceased lived. If ins	5 7.45 P.M. titution: rosidenço bofore odmission)
0E	RIFICATE CORRECTED ODDIEGO ODD	3-11-65 tion, give street	MMYLAND C. CITY OR TOWN (IF out	TY	Ball =3
14	INSTITUTION				FLANNERY LA
1	BON SECOURS	HOSPITAL	D. STREET ADDRESS (IF	Tural, give location)	TERMINEZ NO EM
			2025 N-FA	LYETTE, S	1.
	omale white wid	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min,
11.1	USUAL OCCUPATION (Give kind of work 108, KIN	ARRIED		08	12. CITIZEN OF
don	(Retined) Cotton Mill	D OI DOSINESS ON INDUSTRI	MARYLAN		WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	ARSEMUS WIE		CATHERIA	IE POP	IER
15. (Ye	Was Deceased Ever in U. S. Armed Farces? s,no arunknown! (If yes, give war or dotes of serv	16. SOCIAL SECURITY NO. 212-12-9102	17. INFORMANT	E 7424	LOK ADDRESS LANE
	18. 260 X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Brixe Ruffer Trans		Girls and the second
	(This does not mean the made of dying,	e.g., DUE TO U	remia	**************************************	4 weeks
	heart laiture, asthenia, etc. It means the dis- injury ar camplication which caused death,)	eose,	que to Staghorn	calculi, bot	th
	ANTECEDENT CAUSES	(B)	And mark	kidneys	8 TARRE
	DISEASES OR CONDITIONS, il any, g	iving D	iabetes, mild		9 years
	rise to the above cause (A) stating UNDERLYING CONDITION last.	The (C)			
_	11				
01	TO THE DEATH BUT NOT RELATED TO	UTING THE			
CA	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B IF YES WERE F	INDINGS CONSIDERED
ERTIF	WAS PERFORMED	-		IN CERTIFYING CAU	SES OF DEATH?
AL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID	(If in Boltimare	City, give exact location)
l j	21 D. TIME (Manth) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)	While At Not While At Work			
	22. I certify that (I) (this hospital) attend			0/=	2-273 1966.
-	that (I) (we) last saw the deceased alive		19 (a / and abo	17 L.G16	lun dank
				or in(my) (our) upin	ton death accurred an the date
	and haur and from the causes stated abay	/e. (1) (#e) (did) (did not) V	new the bady after death.		23 B. DATE SIGNED
		or porrell M.D. AH	onding Med. Director	Stoff C	
	uclit per	Phy	s. Director 23D. ADDRESS	rhys.	2-27-65
		UAPONDH M.D.		OURS HO	SPITAL.
24/	REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	MATORY 24D. LO	OCATION (City	y, town, ar county) (State)
1		WOODLAU	NR	ALTIMO	(B MO.
25/	DATE PECID BY HEALTH DEPT 1250 NA	AAE OF REGISTRAD	25C. FUNERAL DIRECTOR	1 0/	ADDRESS AND 13615 Channel
	MAR 1 1965 (2.C.	ut E. talky M.A	Parel Eller	www 30	3615 Comil
VS	150-REV. 1/1/65				600

Letter from Bon Secours Hospital 3-11-65 M.H.

•

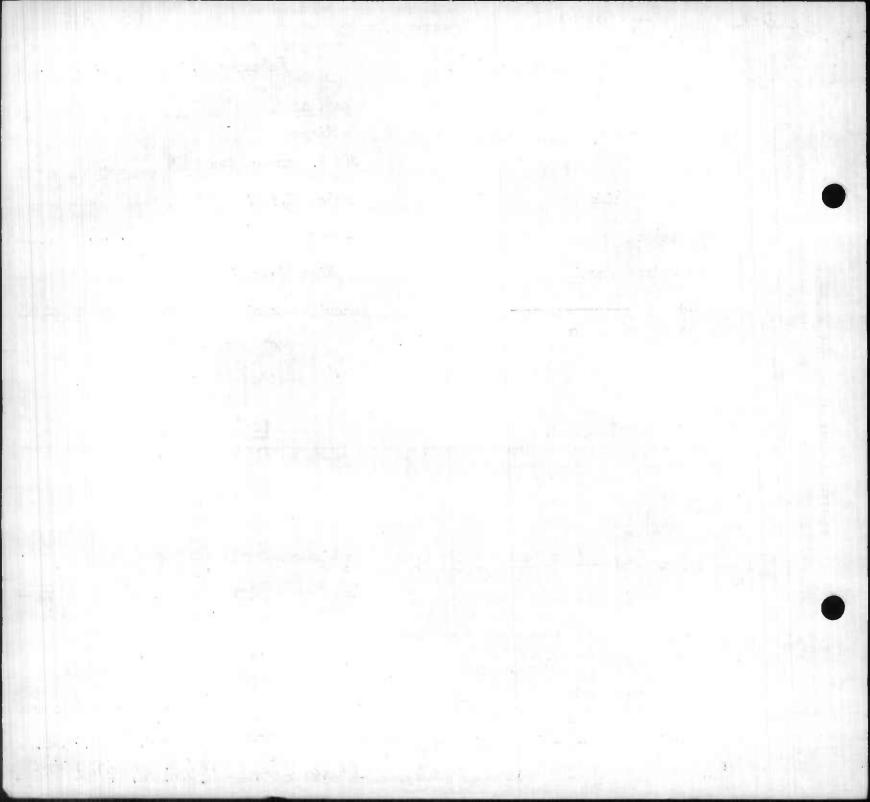
VS 150-REV. 1/1/65

BALTIMORE	CITY	HEALTH	DEPARTMENT

031741

65 2470

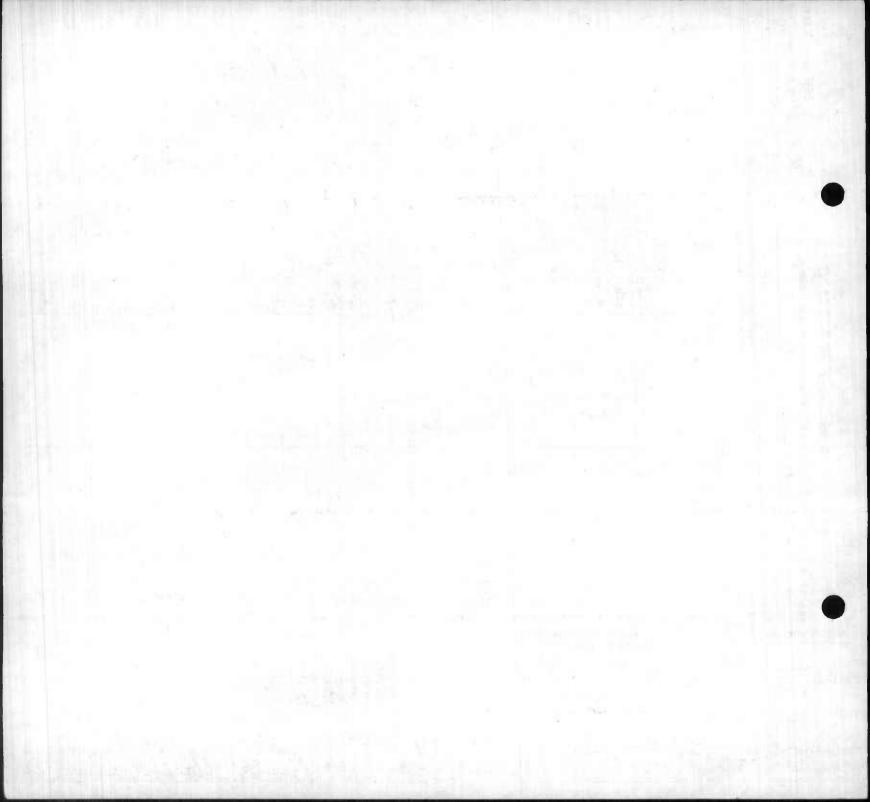
M.E. CASE NO.	CERTIFICA	TE OF DEAT	H Registered No	. 00 6110
1, NAME OF DECEASED			E AND HOUR OF DEAT	
Peter P	ucci Ir.	<i> </i>	ebruary 23, 19	165 9:45 P. M. institution: residence before admission)
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B.	COUNTY	institution: residence before odmission)
FULL NAME OF (If not in hospital or institu	lion, give street	Maryland		26-09
INSTITUTION			(If outside city limits, write	RURAL and give lownship)
706 S. Grundy St	reet	Bactimore D. STREET ADDRESS	(If rural, give location)	
			indy Street #2	<b>½</b>
5. SEX   6. RACE   7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yi. If Under 24 Hrs. Months: Doys Hours Min.
NA 1 1 1111	owed, DIVORCED (specify)  arried	October 25	last birthdoy)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	October 25,	or foreign country)	12. CITIZEN OF
done during most of working lile, even if retired)	Self	94-1.		WHAT COUNTRY?
13. FATHER'S NAME	Ject	14. MOTHER'S MAIDEN	NAME	u.s.H.
Salvatore Pucci 15. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Nina Bi	anconi	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.			-
No		Genevieve 9	ucci 706.	S. Grundy Street #2
18. / 63 X I	CAUSE		0	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	m.	1	1 /	
(This does not mean the mode of dying,		asifacing of	I Sungs, Bilaltas	9
heart failure, asthenia, etc. It means the dis- injury or complication which coused death.)	eose,		Bulallas	
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, g	DUE TO			
rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	A Total Control of the Control of th			
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes	or Not 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in at about 21 C WHERE D		
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	home, form, factory, street, etc.)	office bldg., INJURY OCCL	JR?	ore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21E HOW DI	D INJURY OCCUR?	
S OF INJURY	While At Not Whi		D INJURY OCCUR:	
(APPROX)	Work At Work			
22. I certify that (I) (this heepital) attend			19 65 10	
that (I) (we) lost saw the deceased alive	/	0 1965	nd that In (my) (ous) o	pinion death occurred on the date
and hour and from the couses stated above	ve. (1) (46) (did) (did vet)	view the body ofter de	oth.	
23A. SIGNATURE	///			23B. DATE SIGNED
Joseph 11. fel	M.D. Att	lending Med. Director	Stoff Phys.	2/26/65
23C HYSI CAN'S NAME (Type)		23D. ADDRESS		
TOSEPH R. LIB	E170 M.D.	3508 Ba	157 Ba	Stonie 24 Manlins
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	REMATORY 2	4D. LOCATION	City, town, or county) (State)
Burial 2-27-65	Oak Lawn Cement	0.014	7225 Eastern 1	Blad Balta DI Mal
25A. DATE REC'DAY HEALTH DEPT 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRE	CTOR WORLD	ADDRESS
11111 2 1300 (120	rest E. Fr. C. 40	Charles &	Loiler Roll	. (prkling Street
VA 100 BEV 1/1//6		A A	The will	11 110 21224



# FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deather shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

65 2180	BALTIMORE CITY	HEALTH DEPARTMENT	05 0400
BIRTH NO. DO CLOU	CERTIFICA	TE OF DEATH Registered	No. 65 2180
1. NAME OF DECEASED	2 1 4	2. DATE AND HOUR OF DE	ATH
(Type or Print) Peterson	n. Carl P.	Fredruary 2	11965 9 30 PM.
3. PLACE OF DEATH IN BALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	. If institution: residence before admission)
FULL NAME OF (II not in hospital a	or institution, give street	Maryland	Marine C.
HOSPITAL OR oddress or locotion	institution, give steel	C. CITY OR TOWN , Alf outside city limits,	write RURAL and give township)
	. 1 .1 -4-1 1	Belaire	62-32
Mary Land gene	ral Mospital	D. STREET ADDRESS (if rurol, give locotio	(n)
1000		903 . Baltimo	NE DK
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	W Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male white	WIDOWED, DIVORCED (specify)	2/25/11 12	
TOA. USUAL OCCUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Va.	77 65 61
13. FATHER'S NAME		14. MOTHER'S MAIDEN, NAME	0,01
ulal tox T	peterson	· challe Vino	0~
wacrer p		17. INFORMANT	er .
15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give war or dates		INFORMANT	ADDRESS
no,	218-18-4437	Robert Buller	Bellier. With
18. 44 20.1	CAUSEFO	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY	imaga (a)	ONSE! AND DEATH
LEADING TO DEATH	(A) (B)	Tonary XI eseas	
(This does not mean the mode of heart failure, asthenia, etc. It means		0 1	1111
injury or camplication which caused	deoth,)	Kulo Mycardu	al Sular Das
ANTECEDENT CAUSES	DUE TO	10000	
DISEASES OR CONDITIONS, if		V	
rise to the above cause (A) UNDERLYING CONDITION last.	stoting lie (C)		
- 11			
O OTHER SIGNIFICANT CONDITIONS CO			
TO THE DEATH BUT NOT RELA	f		
19A. DATE OF OPERATION 19B. CONI	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, V	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
E87		MO	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., ir home, lorm, foctory, street, of	n or obout 21 C. WHERE DID (If in Bo lfice bldg., INJURY OCCUR?	Oltimore City, give exact location)
DEATH (notily medical examiner)	etc.)		
OF INJURY (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not While At Work	e	
22. I certify that (I) (this hospital)	9		Heb 2/ 1965
that (i) (we) last saw the decease	- 1 0		) apinlan death accurred an the date
	/		, aprillan death accorred on the date
and haur and from the causes state	ed abave. (V) (We) (dld) (did nat) v	riew the bady after death.	23B, DATE SIGNED
1 10 11	M.D. Atte	ending Med Stoll	Tal - 17
Allan, Inte	The Phy	s. Director Phys.	Tree 21-63
NAME (Type)	1 + 1/5/1/1	23D. ADDRESS	2000171
YIN	1. PIII3 UN M.D.	maryland ge	eneral Morphal
24A. BURIAL CREMATION, 24B. DATE	24C NAME OF CEMETERY OF CRE	EMATORY 024D. LOCATION	(City, town, or county) (State)
Burial tel-24,	1965 Frenschip Mi	Thodist Fallston	Farand - mil
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS .
MAR 1 1965 (	Robert E. Jaken M.A	Walter H. al	relev Bersen me
VS 150-REV. 1/1/65			,



Such

to death.

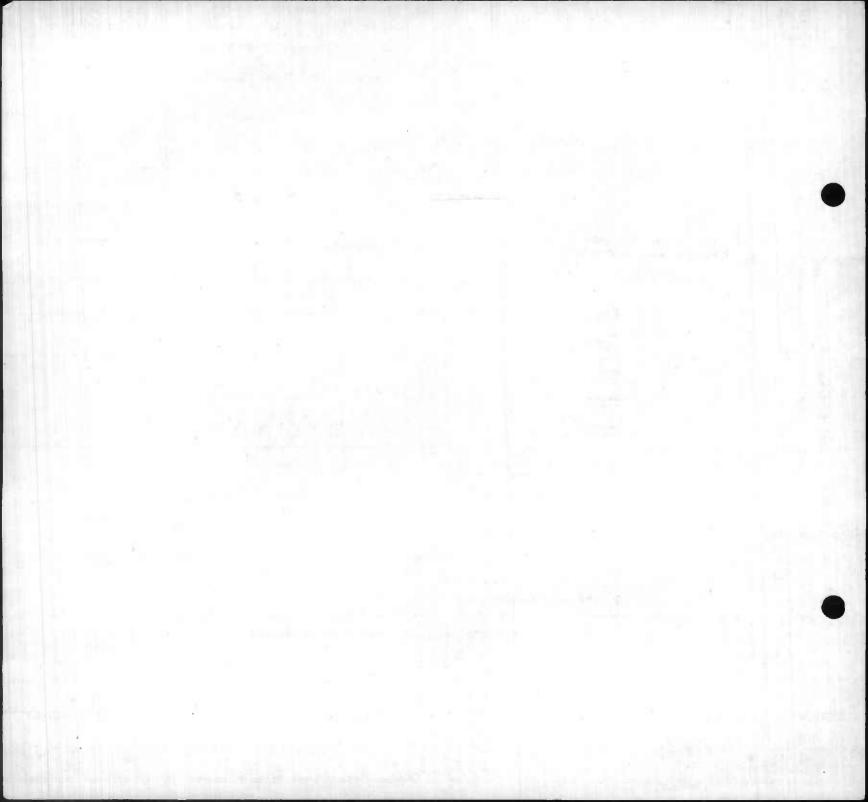
BALTIMORE	CITY	HEALTH	DEPARTMENT	

ыктн но. 65 2181	CERTIFICA	TE OF DEAT	H Registered No.	42 5101
M.E. CASE NO.		2. DA	TE AND HOUR OF DEATH	
(Type or (Print)	VERNON	(3	2/22/15	2223
3. PLACE OF DEATH IN BALTIMORE MARYLAND	UCKNON	14. USUAL RESIDENCE	(Where deceased lived, If i	nstitution: residence before admissi
		A. STATE B.	COUNTY	
FULL NAME OF (If not in hospital or institut	ion, give street	MARYIA	NCC t	Saltimore 2
HOSPITAL OR address or location)	11 - 11	C. CITY OR TOWN	(Il outside city limits, write	RURAL and give township)
BON SCOOLES	5 HOSPITAL	Balti	m 0128	1909
24		D. STREET ADDRESS	(If rurol, give location)	
		1/82 1	W. PRA:	++ 0 +
	RIED, NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
MAIS Whits A	OWED. DIVORCED (specify)	6/26/20	lost birthdoy	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12, CITIZEN OF
done during most of working life, even if retired)		R.11		WHAT COUNTRY?
UNEMPOUED		Palt	IMORS	11(5#
13. FATHER'S NAME		14. MOTHERS MAIDE	NNAME	
ARTHUR 1/10. +3	E-	MAR	INN B	16/510
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of servi		DO.	, /	
485	24-20-5705	BROY	New	
18. 4.20, 1	CAUSE	F DEATH	( P / 1   1   F   1	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		400		ONSEI AND DEATH
LEADING TO DEATH	(A) CO	NGESTIVE FAILURI	HEART	1 day
(This does not mean the mode of dying, heart foilure, asthemio, etc. It means the dise	e.g., DUE TO	FAILURI	2	
injury or complication which coused death.)				1 1 1
ANTECEDENT CAUSES	(B) Ke	CENT MYCO	ARDIAL INFA	RCT I DAY
DISEASES OR CONDITIONS, if ony, gi				
rise to the obove couse (A) storing	The (C) AR	TERIOSCIERI	tic HEART DI	SPING YEARS
UNDERLYING CONDITION IOSI.				/
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.	Inc			
1994. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES WERE	FINDINGS CONSIDERED
E S		450	1	185
OP CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE	OID (If in 80)time	e City, give exact location)
▼ DEATH (notify medical examiner)	etc.)	mice orage, majori occ	O K:	a .
Q 21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F HOW D	D INJURY OCCUR?	
OF INJURY	While At Not Whi		U IIIJORI OCCUR:	
(APPROX.)	Work At Work			
22. I certify that (this hospital) ottend	ed the deceased from 12:0	DOAM. FLB. 23	19 65 to 2:55	P.M. Feb. 23 1965
that (1) (we) lost sow the deceased alive	on Flb. 23	1965	and that in (mg) (aux) on	inlon death occurred on the d
				mon death occurred on the d
	a (1) (Wa) (did) (did a a 4).	view the body after d	eath.	
and hour and from the couses stated above	e. h.) (me) (qua) (qua yet)		001111	
23A. SIGNATURE				23B. DATE SIGNED
		ending Med.	Staff Phys.	
23A. SIGNATURE  Li cuan an 23C. PHYSICIAN'S	M.D. Att	ending Med. Director  23D. ADDRESS	Staff Phys.	Flb. 23, 196
23A. SIGNATURE La cuan an	M.D. Ath	ending Med. Director  23D. ADDRESS	Staff Phys.	

BURIAL 2-27-0 25A. DATE REC'D BY HEALTH DEPT. MAR 1 1965 ARK 25B. NAME OF REGISTRAR

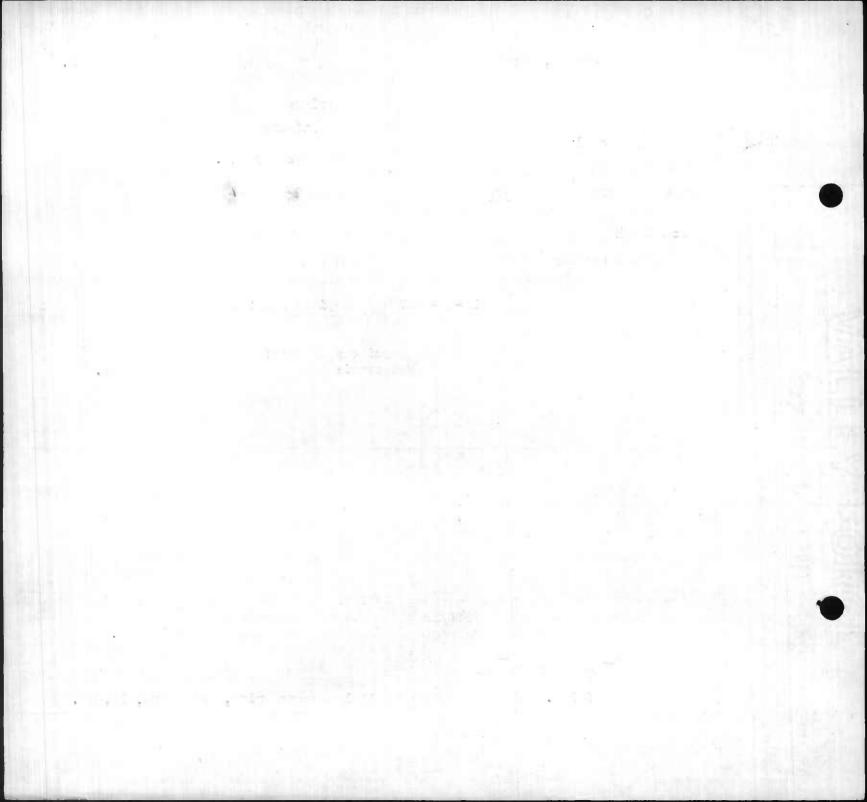
EMETERY FREDERICK AVE.
25C. FUNERAL DIRECTOR

Baltimore ADDRESS



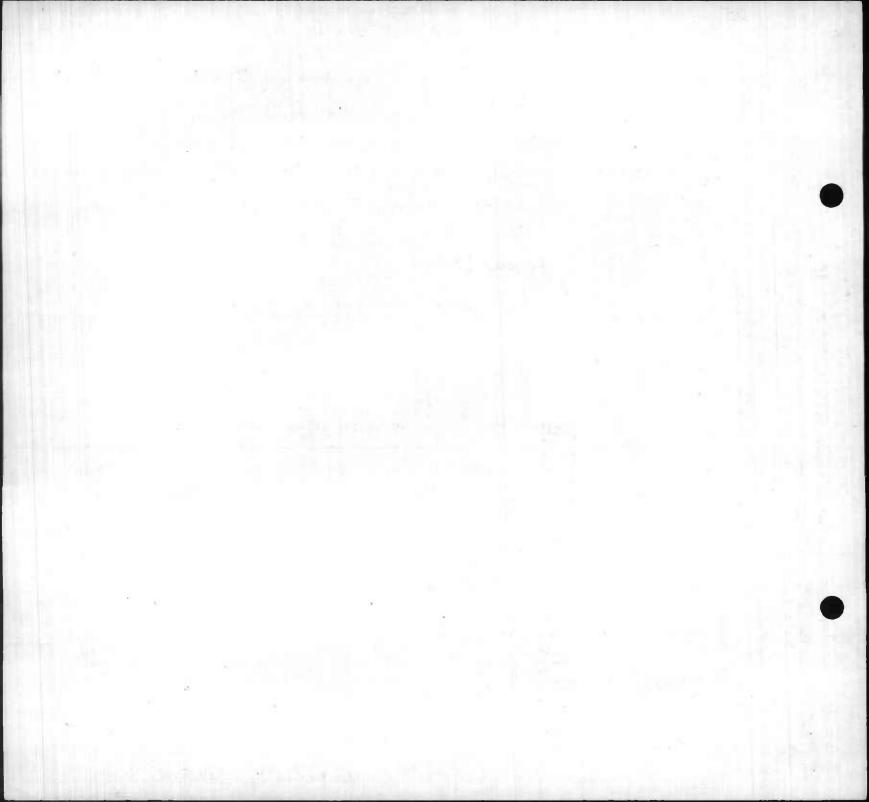
	,
FUNERAL DIRECTOR: IMPORTANT	6
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	d in a hospital and
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendan	attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	rior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.	

	0.100		BALTIMORE CITY	HEALTH DEPARTMENT	A THE STATE OF	C5 9499
BIRTH NO.	5 2182		CERTIFICA	TE OF DEATH	Registered No.	65 2182
M.E. CASE NO.			GENTITON			
Type or Print)	Herring,			2. DATE 2,	26/65	5:50 P.
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WA. STATE B. COL	here deceased lived. II UNTY	institution: residence before admissi
FULL NAME	OF (If not in hospital	ar institution.	nive street	Maryland		11-04
HOSPITAL O	R address or location	1)				RURAL ond give township)
Monteb	ello Hospital			D. STREET ADDRESS	(If rural, give location)	
				944 Stodds	ard Ct.	
S. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. II Under 24 F Manths: Doys Hours Min.
Female	Negrom	Wide	D, DIVORCED (specily)	7/13/1923	lost day)	Winning Doys Hours Will
				11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
Stock			1	North Carol:		USA USA
13. FATHER'S N				14. MOTHER'S MAIDEN N	AME	
N	orman Herring			Unknown	The state of the s	
S. Was Deceas	ed Ever in U. S. Armed Farm	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	with yes, give war at dote	a OI SEIVICE	SECURITY NO. 214-14-8957	Hospital Re	cords	
11B. /	2736		CAUSE O	_		INTERVAL BETWEEN
	ASE OR CONDITION DIR	ECTLY	CAUSE O			ONSET AND DEATH
DIZE	LEADING TO DEATH	ECILI	Com	-inom- of com-	t an and skile	
	not mean the made of					
	e, asthenia, etc. It means amplication which caused					2 yrs.
injury or c		dodin,	(B)			
	ANTECEDENT CAUSES  (B)  DUE TO					
	OR CONDITIONS, if the above cause (A)					
	NG CONDITION last.		, , , , , , , , , , , , , , , , , , , ,		******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	- 11					
O THER SIG	NIFICANT CONDITIONS C	ONTRIBUTIN	G			
DISEASE O	R CONDITION CAUSING I		16			
	OF OPERATION 198. CON WAS PERI	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIO	DENT WAS UNDERLYING	211	B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(II in Baltimo	ore City, give exact location)
C DEATH (not	ify medical examined	hor		fice bldg., INJURY OCCUR?		
Q 21D, TIME	(Manth) (Day) (Year)	(Hour) 21E	E INJURY OCCURRED	21F. HOW DID I	NIURY OCCUR?	
S OF INJURY	10077 1.6017		hile At Not While			
(APPROX)		W	ork			the late of the la
22. I certi	fy that (1) (this hospitol	) ottended t	the deceased from 2	/23/65		26/65 19
					that in (my) (our) or	pinion deoth occurred on the
				iew the body ofter death		
23A. SIGNA			, , , , , , , , , , , , , , , , , , ,	1110 2007 01101 00011		23B, DATE SIGNED
	86.00	25	M.D. Atte	nding Med.	Stoff Phys.	2/26/65
22C Brivere	Napre	L. na	Phy	s. Director	Phys.	2/20/05
23C. PHYSIC NAME	(Type) Daniel G.	Lai	M.D.	2201 Argonne	Drive, Balti	more, 18, Md.
24A. BURIAL C			AME of CEMETERY of CRE			
REMOVAL		246.1	1 1 1	240.	12 /14	City, town, or county) (State
Bure	al 3/2/6	5	nt aulu		Jalle	110
25A. DATE REC	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECT	OR /	ADDRESS
	MAR 1 1965 (	Tobalo	E. Sarbey M.A.	Allo. 10.	Elson 13	48 N. Callow
VS 150-REV. 1/	1/65					



1	11		2	1	-
/ /		0	-		
	P :	0	he	2	
	0	000		ร	
	0	00	0	:	
	tic y	0	0	=	
	SC	2	2	0	
	4	3	D	0	
	0 5	Se	L	2	
	= ,	2 2	116	-	
	₽.5	Ü	0	ž,	
	0	9	10	G 9	
	5	3.5	3	P	
	00	E	eg	SES	
	4	0	-	Ce L	
	<b>5</b> 1	- 6	.=	0 0	)
	de de	5	S	- V	
	+ 3	1	3	the od	_
	+ .	2	-	S S	
4	0	P	40	0 =	
-	S		de	90	
S.	SSE	<b>&gt;</b>	9	an a	
A		O I	Ce	Pu o	)
2	4	of o	5	100	1
-	0 <	( 0	9	E E	
FUNERAL DIRECTOR: IMPORTANT	9	: 2	2	700	
Ö	· = :	- 0	0	5 E	
H	E	+	h	60	
E	X	A (	3	7 2	
~	=	5 0	=	2	9
0	.0 1	5;		SID	
-	- PG	1	S	3 €	
2	E	D D	h	E a	
Ш	9	- P	0	Ci.	
Z	H .	80	÷	y Si	
3	0	a a		oh o	;
	£ -	3 3	9	0	,
	7:	10	¥	Z	
	P	2 5	+	9	
	× 4	- 5	9	D .	
	or d	2 2	×	P 4	
	d	0	9		)
)	0 -	0	D	र्डन	1
0	9	T	<u>-</u>	80	
	USI	d d	108	D E	
	E	200	F	5 =	,
	0	0	11	0 0	)
	00	And	0	pri	-
	H	=	A.	P 0	L
	10	0 ::	0.0	ISe	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	h.	200	0	9	
	-	- 0	5	0 3	•

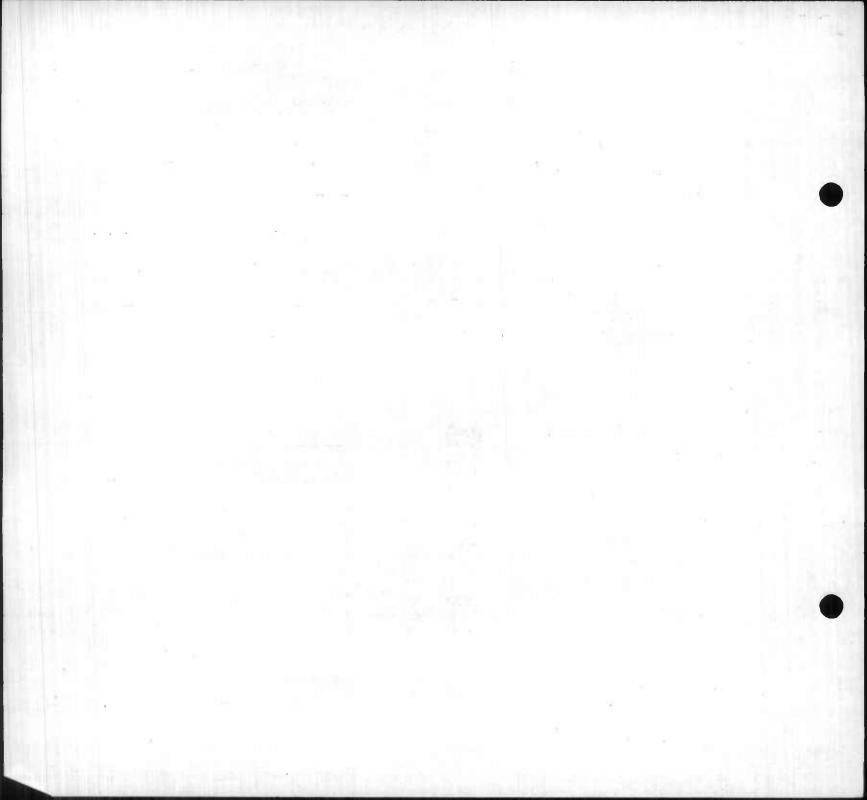
BIRTH NO.			BALTIMORE CITY	HEALTH DEPARTMENT		65 2183
MAE CACE NO	55 21	83	CERTIFICA	TE OF DEATH	Registered No.	00 2100
NAME OF DEC				2. DATE AND	HOUR OF DEATH	
(Type or Print)	NAP	ARSTEK , M	ARTIN	Fehr	lary 27, 19	65   10:15 P.
3. PLACE OF DE		ORE, MARYLAND	11101 211	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before admission
					1	500
FULL NAME OF		n hospitol or instituti or location)	on, give street	C. CITY OR TOWN (II outs	ide city limits, write	RURAL and give township)
INSTITUTION						
S	t. Joseph	h Hospital		Baltimore D. STREET ADDRESS (If it	urol, give location)	
1	-	•		1904 Aliceanna	Street	
5. SEX	6. RACE	7. MARR	IED, NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years	IC Under 1 Yr., II Under 24 Hrs
			WED, DIVORCED (specify)	11/11/75	ost birthdoy)	Months Doys Hours Min.
MALOCC	White	ind of work 10B, KIND	ried OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreig		12. CITIZEN OF
done during most of	working life, even					WHAT COUNTRY?
Fines		02	crucia	Germany		WISIA
13. FATHER'S NA	ME	n		14. MOTHER'S MAIDEN NAM	1E	
		nap	erniture		-	
S. Wos Deceosed	Ever in U. S. A		14 COCIAL	17. INFORMANT		ADDRESS
- S, IIO OF ORKIOW	min yes, give w	or doles of selvi	216-46-2151	agnes mola	1908 allice	eanna st
18 11 11			CAUSE O			INTERVAL BETWEEN
18.42	0, /	TOU DIRECTLY	CAUSE	DEATH		ONSET AND DEATH
DISEA	LEADING TO	TION DIRECTLY	26			
(This does		mode of dying,	e.g., DUE TO	cardial Infarction	on	
		It means the dise h caused death.)				
		11 00000 000111.7	0			
	ANTECEDENT	CALICES	(B) Cons	gestive Heart Fa	ilure	
	ANTECEDENT		DUE TO	gestive Heart Fa	ilure	
DISEASES	OR CONDITIO	ONS, if ony, give	DUE TO			
DISEASES (	OR CONDITIO	NS, if ony, givuse (A) stoting	DUE TO	gestive Heart Fa		
DISEASES (	OR CONDITIO	NS, if ony, givuse (A) stoting	DUE TO			
DISEASES (	OR CONDITION OR above countries G CONDITION II	DNS, if ony, gives (A) stoting I lost.	ving the (C) ACU			
DISEASES (rise to the UNDERLYIN)	OR CONDITION  G CONDITION  III  IFICANT CONDITION  CONDITION C.	DNS, if ony, givuse (A) stoting I lost.  DITIONS CONTRIBUTIONS TRELATED TO AUSING IT.	ving TING THE	te cardio vascul	ar disease	
DISEASES (rise to the UNDERLYIN)	OR CONDITION  BE OBOVE COUNTY  IFICANT CONDITION  OF OPERATION  OF OPERATION	DNS, if ony, givuse (A) stoting I lost.  DITIONS CONTRIBUTIONS TRELATED TO AUSING IT.	ving the (C) ACU	te cardio vascul	ar disease	FINDINGS CONSIDERED
DISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR  19A. DATE OF	OR CONDITION  e above coug G CONDITION  III  IFICANT COND SEATH BUT N CONDITION C.  F OPERATION	ONS, if ony, givuse (A) stoting I lost.  OITIONS CONTRIBUNOT RELATED TO AUSING IT.  198. CONDITION F	ITING THE  OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE	USES OF DEATH?
DISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRES	OR CONDITION  e above cou G CONDITION  IFICANT COND DEATH BUT N CONDITION C. F OPERATION  NT WAS UNDE	DNS, if ony, gives (A) stoling I lost.  DITIONS CONTRIBUTED TO AUSING IT.  198. CONDITION F WAS PERFORMED	ving TING THE	20A. AUTOPSY? (Yes or No) NO	208. IF YES, WERE	FINDINGS CONSIDERED (USES OF DEATH?
DISEASES ( rise to the UNDERLYIN)  OTHER SIGN TO THE D DISEASE OR  19A. DATE OF  21A. ACCIDE OR CONTRIBE DEATH (potil)	OR CONDITION  e above coug G CONDITION  III  IFICANT COND SEATH BUT N CONDITION C.  F OPERATION	ONS, if ony, given the control of th	TING THE  OR WHICH OPERATION    218. PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No) NO	208. IF YES, WERE	USES OF DEATH?
DISEASES (ise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTION OF THE ORIGINAL ORIG	OR CONDITION  e above cou G CONDITION  IFICANT COND DEATH BUT N CONDITION C. F OPERATION  INT WAS UNDE UTING CAUS y medical exomin	ONS, if ony, given the control of th	TING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, larm, foctory, street, of	20A. AUTOPSY? (Yes or No) NO	208. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
DISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTION DEATH (notily)  21A. ACCIDE OR CONTRIBUTION DEATH (notily)  21D. TIME OF INJURY	OR CONDITION  e above cou G CONDITION  IFICANT COND DEATH BUT N CONDITION C. F OPERATION  INT WAS UNDE UTING CAUS y medical exomin	ONS, if ony, gives (A) stoting I lost.  OITIONS CONTRIBUNOT RELATED TO AUSING IT.  198. CONDITION F WAS PERFORMED  ERLYING F neel	DUE TO  Ving Ihe (C) ACUT  ITING THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, larm, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not Whil	20A. AUTOPSY? (Yes or No) NO nor obout 21C. WHERE DID fice bidg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
DISEASES (Inise Io the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR DISEASE OR DISEASE OR OR CONTRIBE DEATH (notil)  21 D. TIME OF INJURY (APPROX.)	OR CONDITION  e above cou G CONDITION  II  IFICANT COND DEATH BUT N CONDITION C. F OPERATION  INT WAS UNDE UTING CAUS y medical examin  (Month) (Doy	ONS, if ony, given the control of th	DUE TO  Ving Ihe (C) ACUT   ITING THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, larm, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work	20A. AUTOPSY? (Yes or No) NO nor obout 21C. WHERE DID fice bidg., INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING CA	e City, give exact location)
DISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIBUTION OF INJURY (APPROX.)  22. I certify	OR CONDITION  e above cou G CONDITION  IFICANT COND DEATH BUT N CONDITION C. F OPERATION  INT WAS UNDE UTING CAUS y medical examin  (Month) (Doy y that (I) (this	ONS, if ony, given a control of the	DUE TO  Ving Ihe (C) ACUT  ITING THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, larm, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  and the deceased from Fellower	20A. AUTOPSY? (Yes or No) NO nor obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJU	208. IF YES, WERE IN CERTIFYING CA	e City, give exact locotion)
DISEASES (Inise to the UNDERLYIN)  OTHER SIGN TO THE DE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  22. I certify	OR CONDITION  e above cou G CONDITION  IFICANT COND DEATH BUT N CONDITION C. F OPERATION  INT WAS UNDE UTING CAUS y medical examin  (Month) (Doy y that (I) (this	ONS, if ony, given a control of the	DUE TO  Ving Ihe (C) ACUT   ITING THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, larm, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work	20A. AUTOPSY? (Yes or No) NO nor obout 21C. WHERE DID fice bidgs, INJURY OCCUR? 21F. HOW DID INJU	208. IF YES, WERE IN CERTIFYING CA	e City, give exect locotion)
DISEASES (rise to the UNDERLYING)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF INJURY (APPROX.)  22. I certify that (I) (we)	OR CONDITION  e above cou G CONDITION  IFICANT COND DEATH BUT N CONDITION C. F OPERATION  INT WAS UNDE UTING CAUS Medical examin  (Month) (Doy That (I) (this ) lost sow the	ONS, if ony, given a control of the	DUE TO  Ving Ihe (C) ACUT  ITING THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, larm, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  and the deceased from Fellower	20A. AUTOPSY? (Yes or No) No n or obout 21C. WHERE DID injury occur?  21F. How DID INJU	208. IF YES, WERE IN CERTIFYING CA	e City, give exact location)
DISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  22. I certify that (I) (we)	OR CONDITION  e above coug G CONDITION  IFICANT COND DEATH BUT N CONDITION C. F OPERATION  INT WAS UNDE UTING CAUS y medical exomin  (Month) (Doy  t that (I) (this ) lost sow the d fram the cou	ONS, if ony, given the control of th	DUE TO  ITING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., inhome, larm, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  on Febe 27  e. (1) (We) (did) (did nat) v	20A. AUTOPSY? (Yes or No) No n or obout 21C. WHERE DID injury occur?  21F. How DID INJU	208. IF YES, WERE IN CERTIFYING CA	e City, give exact location)
DISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  21A. ACCIDE OF INJURY (APPROX.)  22. I certify that (I) (we) and hour on	OR CONDITION  e above coug G CONDITION  IFICANT COND DEATH BUT N CONDITION C. F OPERATION  INT WAS UNDE UTING CAUS y medical exomin  (Month) (Doy  t that (I) (this ) lost sow the d fram the cou	ONS, if ony, given a control of the	DUE TO  ITING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., inhome, larm, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  on Febe 27  e. (1) (We) (did) (did nat) v	20A. AUTOPSY? (Yes or No) No n or obout 21C. WHERE DID injury OCCUR?  21F. HOW DID INJURY  21F. HOW DID INJURY  19 65 ond the	208. IF YES, WERE IN CERTIFYING CA	e City, give exact location)  Do 27 19 65.
DISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour on 23A. SIGNATION	OR CONDITION  e above cou G CONDITION  II  IFICANT COND DEATH BUT N CONDITION C. F OPERATION  INT WAS UNDE UTING CAUS y medical examin  (Month) (Doy  that (I) (this ) lost sow the d fram the cou	ONS, if ony, given the control of th	DUE TO  ITING THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, larm, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceased from Fellon Fellon 27  e. (I) (We) (did) (did nat) v	20A. AUTOPSY? (Yes or No) No n or obout 21C. WHERE DID injury OCCUR?  21F. HOW DID INJURY  21F. HOW DID INJURY  19 65 ond the	208. IF YES, WERE IN CERTIFYING CA	e City, give exact location)  bo 27
DISEASES (rise to the UNDERLYING)  OTHER SIGN TO THE DISEASE OR  19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour on 23A. SIGNATE  23C. PHYSICIA NAME (1)	OR CONDITION  e above cou G CONDITION  IFICANT COND DEATH BUT N CONDITION C. F OPERATION  (Month) (Doy That (I) (this ) lost sow the d fram the cou URE	ONS, if ony, given a series of the series of	DUE TO  ITING THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, larm, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceased from Fellon Fellon 27  e. (I) (We) (did) (did nat) v	20A. AUTOPSY? (Yes or No) No n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJURY 0. 6 1 19 65 ond the riew the body after death.	208. IF YES, WERE IN CERTIFYING CA  (If in Boltimor  JRY OCCUR?  to Fe it in(my) (our) opi	e City, give exect locotion)  20. 27. 19. 65.  Inian death occurred on the december 2/27/65
DISEASES (rise to the UNDERLYING)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF 19A. DATE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour on 23A. SIGNATE (1) (we) 23C. PHYSICIA NAME (1)	OR CONDITION  e above cou G CONDITION  IFICANT COND DEATH BUT N CONDITION C. F OPERATION  (Month) (Doy That (I) (this ) lost sow the d fram the cou URE  AN'S Type)  Salvador	ONS, if ony, given a control of the	DUE TO  ITING THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., inhome, larm, foctory, street, of etc.)  218. INJURY OCCURED  While At Not While At Work  ed the deceased from Fellon  Febe 27  e. (1) (We) (did) (did nat) while At M.D.  Atterphy	20A. AUTOPSY? (Yes or No) No nor obout 21C. WHERE DID injury OCCUR?  21F. HOW DID INJURY  21F	208. IF YES, WERE IN CERTIFYING CA  (If in Boltimor  URY OCCUR?  55 to Fe  it in(my) (our) opi	e City, give exect locotion)  10. 27. 19. 65.  Inian death occurred on the do  238. DATE SIGNED  2/27/65
DISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF 19A. DATE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour on 23A. SIGNATE (1) (we) 23C. PHYSICIA NAME (1)	OR CONDITION  e above cou G CONDITION  II  IFICANT COND  EATH BUT N  CONDITION C.  F OPERATION  INT WAS UNDE UTING CAUS  y medicol exomit  (Month) (Doy  that (I) (this ) lost sow the d fram the cou URE  Salvador  EMATION, 1248.	ONS, if ony, given a control of the	DUE TO  ITING THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, larm, foctory, street, of etc.)  21E. INJURY OCCURED  While At Not While At Work  ed the deceased from Fellon Felbe 27  e. (I) (We) (did) (did nat) v  M.D. Atterphy  M.D. C. NAME of CEMETERY of CRI	20A. AUTOPSY? (Yes or No) NO No or obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJU  22F. H	208. IF YES, WERE IN CERTIFYING CA  (II in Boltimor  ORY OCCUR?  (II in (my) (our) opi	e City, give exact locotion)  10. 27. 19. 65.  Inian death occurred on the do  238. DATE SIGNED  2/27/65  eet  ity, town, or county) (State)
DISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A.DATE OF DISEASE OR CONTRIBUTE OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour on 23A. SIGNATE OF INJURY NAME (I) (I) (WE) AMBE (I) (II) (III) (III) (III) (IIII) (IIII) (IIIII) (IIIIIIII	OR CONDITION  e above cou G CONDITION  II  IFICANT COND  EATH BUT N  CONDITION C.  F OPERATION  INT WAS UNDE UTING CAUS  Condition C.  OPERATION  INT WAS UNDE UTING CAUS  Condition C.  OPERATION  INT WAS UNDE UTING CAUS  Condition C.  Condi	ONS, if ony, given when the second of the se	DUE TO  ITING THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, larm, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  ed the deceased from Felon Felon Felon Att.  on Felon 27  e. (I) (We) (did) (did nat) v  M.D. Att. Phy  M.D.  C. NAME of CEMETERY of CRI  Bt., Stanusli	20A. AUTOPSY? (Yes or No) NO No or obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJU  22F. H	208. IF YES, WERE IN CERTIFYING CA  (II in Boltimor  ORY OCCUR?  (II in (my) (our) opi	e City, give exact location)  27
DISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A.DATE OF DISEASE OR CONTRIBUTE OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour on 23A. SIGNATE OF INJURY (APPROX.)	OR CONDITION  e above cou G CONDITION  IFICANT COND DEATH BUT N CONDITION C. F OPERATION  INT WAS UNDE UTING CAUS Medical examin  (Month) (Doy  that (I) (this ) lost sow the d fram the cou URE  MATION, 248. Specily)  BY HEALTH D	ONS, if ony, given when the second of the se	DUE TO  ITING THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, larm, foctory, street, of etc.)  21E. INJURY OCCURED  While At Not While At Work  ed the deceased from Fellon Felbe 27  e. (I) (We) (did) (did nat) v  M.D. Atterphy  M.D. C. NAME of CEMETERY of CRI	20A. AUTOPSY? (Yes or No) NO No or obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJU  22F. H	208. IF YES, WERE IN CERTIFYING CA  (II in Boltimor  ORY OCCUR?  (II in (my) (our) opi	e City, give exect locotion)  20. 27. 19. 65.  inian death occurred on the do  238. DATE SIGNED  2/27/65



RAITIMORE	CITY	HEALTH	DEPARTMENT
DALTIMORE	CIII	DEWTIL	DELAKIWELLI

Registered	M	65	21	RA
Registered	No.	1/1/	-	11.0

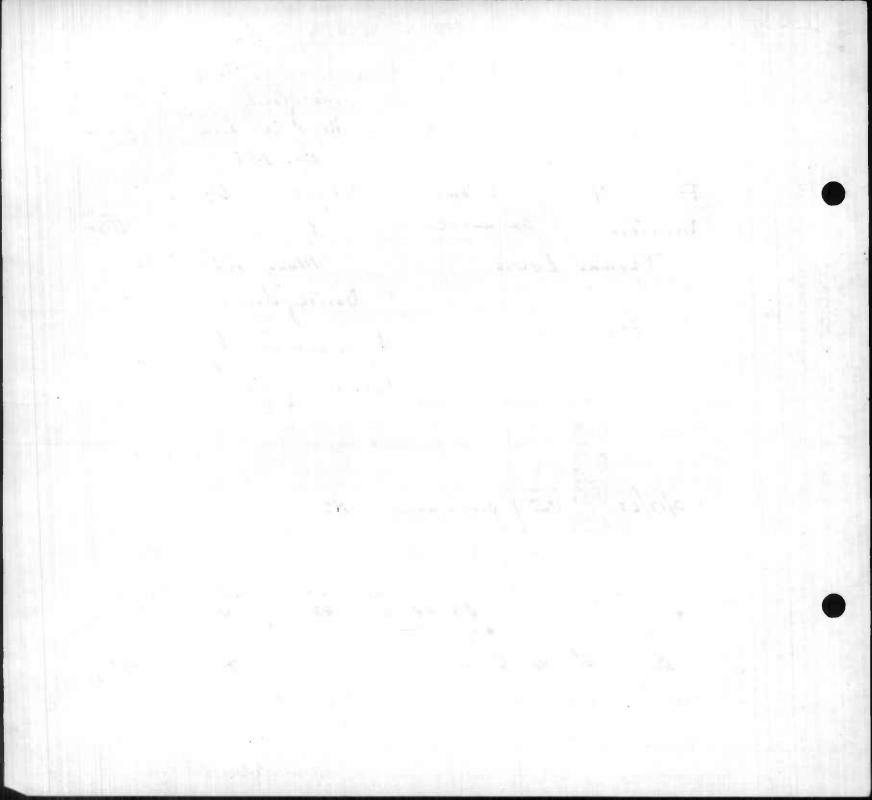
BIRTH NO. OU	CIOI	CERTIFIC	ATE OF DEATH	Registered No	
M.E. CASE NO.	ASED		2. DATE	AND HOUR OF DEATH	H
Type or Print)	Loysius Dudzi	inski	Feb	ruary 22, 1	965   4:40 R
	TH IN BALTIMORE, MA		4. USUAL RESIDENCE (W	here deceased lived. If	965 4:40 RM institution: rasidenca befare admission)
51111 111115 0			Maryland	31411	1-03
FULL NAME OF (If not in hospital or institution, give street oddress or location)				autside city limits, write	RURAL and give township)
INSTITUTION	Baltimore	City Hospitals	Baltimore		
2		ern Avenue		If rurol, give focation)	
9.		Maryland 21224	601 S. Lakev	nord Avenue	_ 2122/
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
Male	White	WIDOWED, DIVORCED (specify) Married	6-19-07	lost birthdoy) 57	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
		108. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	vorking lile, even if retired)	Doth Johan Steel	Donnardrania		
Glerk 3. FATHER'S NAM	A F	Bethlehem Steel	Pennsylvania	AAAF	U.S.A.
	ne Dudzinski		Josephine Kar	CLOWICZ	
. Wos Deceased es, no ar unknown)	Ever in U. S. Armed Fa	es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		181-03-4561	Records-4940	Eastern Av	enue - 2122/4
18. 4 9	3 X I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DI				
	LEADING TO DEATH	(A) I.I.	neumonia		4 days
	ol mean the mode of asthenia, efc, II meons				
injury or com	plication which caused	d deoth.)			
A	INTECEDENT CAUSES	(B)			
DISEASES O	R CONDITIONS, if				
	obove couse (A) CONDITION last.	stating the (C)		• • • • • • • • • • • • • • • • • • • •	
UNDERLIING	CONDITION last.	,			
Z OTHER SIGNI		CONTRIBUTION			
OTHE DI	EATH BUT NOT REL	ATTO TO THE	neumatoid Arthrit	de	30
19A. DATE OF	CONDITION CAUSING	IT. TUE	20A. AUTOPSYZIYOS OL	Noil 208 IE VES WED	10 years
OTHER SIGNII TO THE DI DISEASE OR 19A. DATE OF		FORMED	Post- Yes	IN CERTIFYING C	AUSES OF DEATH?
21A. ACCIDEN	TING CAUSE OF	21B. PLACE OF INJURY (e.	g., in or about 21 C. WHERE DID	(If in Boltime	are City, giva axact location)
▼ DEATH (natify)	medical exominer	etc.)	office bldg., INJURY OCCUR?		
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F, HOW DID II	NIURY OCCUR?	
S OF INJURI		While At Not V		TOOK! OCCOK.	
(APPROX.)		Work At W	ark 🗀		
22. I certify	that (1) (this hospita	i) ottended the deceosed from	February 7		ruary 22 1965
that (1) (we)	last sow the decease	ed olive on February 22	19.65 ond	that in (my) (our) of	pinlon deoth occurred on the dot
ond hour and	from the couses sta	ited above. (1) (We) (did) (did not			
23A. SIGNATU	RE /				23B. DATE SIGNED
	Auto C	M.D.	Attending Med. Director	Stoff	February 22, 1965
23C. PHYSICIA	N'S		Phys. Director 23D. ADDRESS	Phys.	rebruary 22, 190)
NAME (T)	rpe)				
					more, Md. #21224
4A. BURIAL CREA		24C. NAME of CEMETERY or	CREMATORY 24D.	LOCATION	City, town, or county) (State)
Burial		26,1065 Holy Rosary	Cemetery Ba	Ltimore Coun	ty, Maryland
	BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
MA	P 1 1965 (	Robert E. Farkey M.A	Raymond To K	ezorowski 2	525 Fleet Street
- IV	The Inner C	TO JEWY	Actividated 11. 10	THE PROPERTY AND ADDRESS OF THE PARTY AND ADDR	42



## IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a madical assistant of the body was released to the hospital by a madical assistant of the body was released to the hospital by a madical assistant of the body was released to the hospital by a madical assistant of the body was released to the hospital by a madical assistant of the body was released to the hospital by a madical assistant of the body was released to the hospital by a madical assistant of the body was released to the hospital by a madical assistant of the body was released to the hospital by a madical assistant of the body was released to the hospital by a madical assistant of the body was released to the hospital by a madical assistant of the body was released to the hospital by a madical assistant of the body was released to the hospital by a madical assistant of the body was released to the body was released to the hospital by a madical assistant of the body was released to the body the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

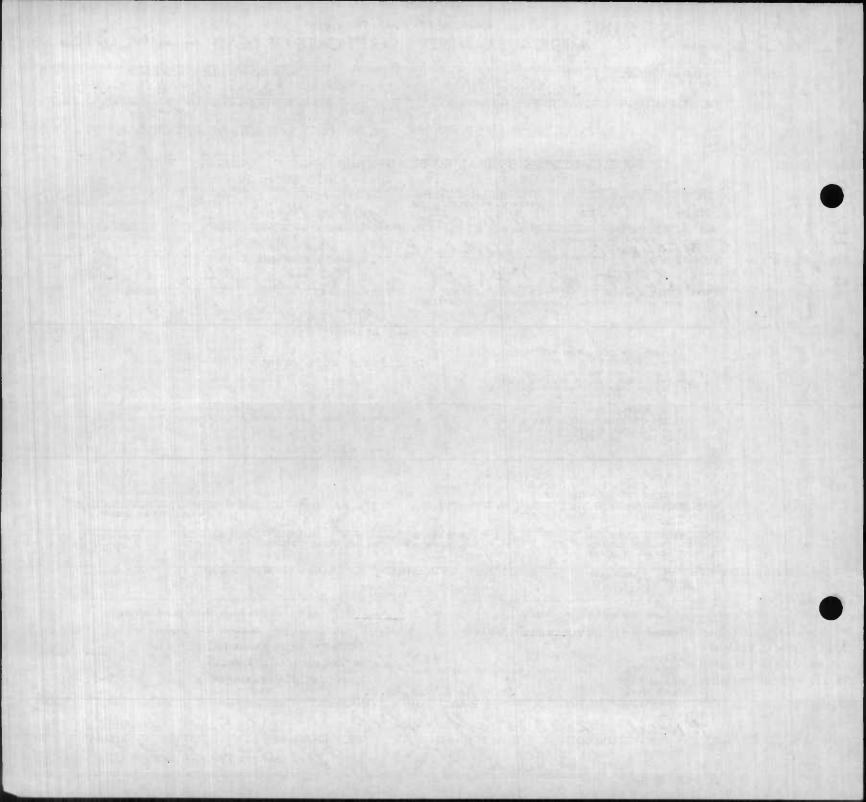
	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 2185	CERTIFICA	TE OF DEATH	Registered No	65 2185
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print) KATIE GH	5346049	2	124/65	5.30 p.m.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	/	A. STATE	TY /	titution: residence before odmission)
FULL NAME OF (If not in hospital or institu	^	c. CITY OR TOWN (If outs		URAL and give township)
38 University	Haspital.	Menor Cla	indson	56-00
38 circulent			urol, give location)	
	RIED, NEVER MARRIED	8. DATE OF BIRTH 9	AGE (In years	W. H. J. V. H. H. H. 24 H.
	OWED, DIVORCED (specify)	3/31/00	ost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY		in country)	12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)	usework	# Ma	regions	USA
13. FATHER'S NAME		14. MOTHERS MAIDEN NAM	AE/	
Thomas Lew	15	MARY	Rhento	than
15. Wos Deceosed Ever in U. S. Armed Forcos? (Yes, no or unknown) (If yes, give wor or dotes of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	F	Dovothy Bu	own	5 6 m 4
18.5-25 X Y 1/5 7 X	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	χ	La basis or has	mahala	
(This does not mean the made of dying,		116210 7 50	nehopnes	**************************************
heart failure, asthenia, etc. It means the dis		_ [./_		
ANTECEDENT CAUSES	(B)/	ulmenary fi	610515	
DISEASES OR CONDITIONS, if any, g	00110	4 (		
rise to the above cause (A) stating			라마 라마 리 수 차 마 마 아 아 마 아 아 아 아 아 아 아 아 아 아 아 아 아 아	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ll ll				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
DISEASE OR CONDITION CAUSING IT.		[20.4	1 00P 47 W20 W200 7	
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  UNITED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  UNITED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION WAS PERFORMED TO DISEASE.		20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	INDINGS CONSIDERED
0 21A. ACCIDENT WAS UNDERLYING	B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimore	City, give exect location)
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	home, larm, factory, street, cetc.)	office biag., INJURT OCCUR:		
O 21D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Not Whi			
22. I certify that (41) (this hospital) atten-			9 65 to -7	16- 24 19 65
that (F) (we) lost sow the deceased alive	71 21			tion death accurred on the date
			ir in (way) (our) opin	ion deorn accurred on the dote
ond hour ond from the couses stoted obo	ve. (#) (#e) (did) (did not)	view the body offer death.		23B, DATE SIGNED /
B II M	4/ M.D. AH	ending Med. Director	Stoll Phys.	2/24/1
23C. PHYSICIAN'S	Ph.	ys. Director	Phys.	7/27/63
NAME (Type)	M.D.	University	Hispetas	1
Bruce H. MacPherson	4C. NAME OF CEMETERY OF CA	EMATORY 248, LC	OCATION (City	y, town, or county) (Stote)
REMOVAL (Specily) 2-78/65	Tillite for	ort of	when the	Day 01/2 4.1
25A, DATE REC'D BY HEALTH DEPT. 25B, NA	ME OF REGISTRAN	25C. FUNERAL DIRECTOR	provide (	ADDRESS O
MAR 1 1965 (R.C.	BE. Janky MA	diffin Al	Will De	wherethe Total
VS 150-REV. 1/1/65		Himmon DI - 41	The state of the s	former, fre



C-636
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 2186

M.E. CASE NO.			
1. NAME OF DECEASED MILLARD	2. DATE AND HOUR PRONOUNCED DEAD		
JOHN CARTER	February 24, 1965 5:35 P.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
COURT DATETMODE CEMEDAT HOCDTEAT	Baltimore / /		
SOUTH BALTIMORE GENERAL HOSPITAL	D. STREET ADDRESS (If rurol, give locotion)  1410 Eutaw Place		
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   lost birthdoy)   Months   Doys   Hours   Min.		
Male White WIDOWED, DIVORCED (Specify)	APRIL 10, 1905 6059		
done during most of working life, even if retired)  MERHANIC  AutoMobile  AutoMobile	MARYLAND WHAT COUNTRY?		
ROBERT W. CARTER.	RETTA PHILLINGER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	MRC MILDRED CARTER - ABOVE		
120	7/10 /// 2//		
42/1/1	OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Calci	fic aortic stenosis		
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	ric acrire stemests		
ANTECENDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE			
UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION			
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes		
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion)		
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  WHILE AT WORK AT W	21F, HOW DID INJURY OCCUR?		
22.	tapsy X and that an this basis, death in my apinian		
resulted fram: Natural causes X Accident Suicid			
	CHIEF MEDICAL EXAMINER		
SIGNATURE John E. Kyley M.D	ASSISTANT MEDICAL EXAMINER		
EXAMINER'S NAME (Type) John E. Adams, M	ASSOCIATE MEDICAL EXAMINER 2-25-65 .D.		
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY CREMOVAL (Specify)			
Burial 2-27-65 offringfu	Il Syperally Carroll to, md.		
MAR 1 1965 Colorb E. Forberth	Little A Haight Officially med		
VS 151-REV. 1/1/65			

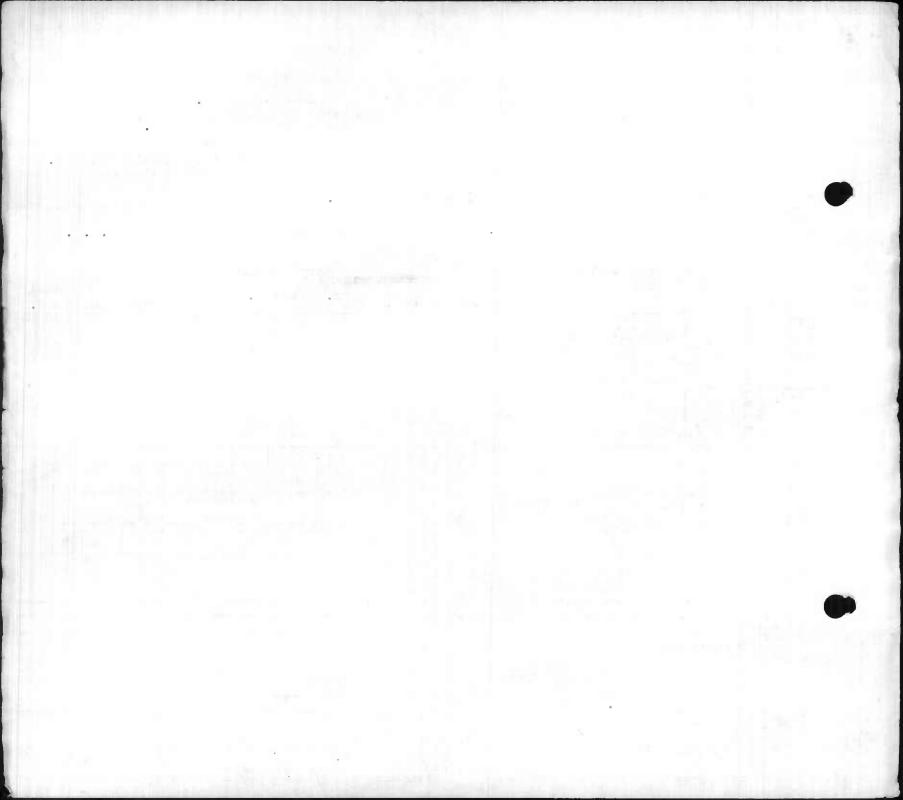


				BALTIMORE CITY	HEALTH	DEPARTMENT			
	H NO. 65 2	2187		CERTIFICA	TE O	F DEATH	Registered No.	-65	2187
1. N (Typ	AME OF DECEASED	KING,	RACHE	L R.			2-24-65	Ī	5:45A M.
		not in hospital at insdress at lacotion) ST. AGNES	stitution, give		C. CITY	RYLAND OR TOWN (IF	outsida city limits, write	Ho	neard
	EMALE 6. RACE			ED (specify)	B. DATE (	0-11	9. AGE (In years last birthday)	If Under 1 Manths D	Yr. If Under 24 Hrs. ays Haurs Min.
	USUAL OCCUPATION ( during most of working life	10 11		Times OR INDUSTRY		RYLAND	areign country)	12. CITIZEN WHAT	OF COUNTRY?
13.	WILLIAM	LEWIS				HERS MAIDEN N	7 Anka	own)	
1 S. 1 (Yes	Was Deceased Ever in U s,na arunknown)((If yes, g NO	. S. Armed Farces? give war ar dotas of	service)	SECURITY NO.	ST.		ECORDS -CA		WILKENS AVE
TION	LEADING (This does not mean heart failure, asthenia, injury ar complication	elc. It means the which caused deal SENT CAUSES DITIONS, if any, cause (A) statition last.	g, e.g., disease, th.) giving ing the	(A) DUE TO  (B) DUE TO  (C)	nec	ire c	ert lu		
ERTIFICATION	19A. DATE OF OPERATION			TCH OPERATION	20 A.	YES OF	No. 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CO	ONSIDERED ATH?
AL C	21A. ACCIDENT WAS I OR CONTRIBUTING C DEATH (notify medical	CAUSE OF	21 B. PL home, atc.)	ACE OF INJURY (e.g., in tarm, toctory, street, of	n or obout fice bldg.,	21C. WHERE DID INJURY OCCUR?	(If in Boltima	are City, give e	exoct location)
MEDIC	21 D. TIME (Manth) OF INJURY (APPROX.)	(Day) (Yeor) (Ho	our) 21E, IN While Wark	At Not While At Work		21 F. HOW DID I	NJURY OCCUR?	V.	
	23C. PHYSICIAN'S NAME (Type)	the deceased of e couses stated a	bove. (I)	BRUARY 24  We) (did) (did not) v  M.D. Atte	inding	65 ond body ofter deat  Med. Director   RESS	Stoff X Phys. X	238, DATE	24/6
25A	DEVIAL CREMATION, REMOVAL (Specify)  JULIA  DATE REC'D BY HEAL  MAR 1  150-REV. 1/1/65	2-27-65 TH DEPT. 25B.	1	FOR CEMETERY OF CREE  REGISTRALE  TOURSELL  TO		UNERAL DIRECT	ykesitte o	Sylen	County) (Stole)  Company (Stole)  ADDRESS  WILL, M.L.

23.11

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

		BALTIMORE CITY	HEALTH DEPARTMENT	CF OLO							
	BIRTH NO. 65 2188	CERTIFICA	TE OF DEATH Registered No	. 65 2188							
	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH IN BALTIMORE MARYLAN	ETTA V.MOI	RAN 2. DATE AND HOUR OF DEATH 2-26-65   600 PM								
			4. USUAL RESIDENCE (Where deceosed lived. If A, STATE B. COUNTY  1200 Valley St.	2 7-09							
	HOSPITAL OR oddress or location) INSTITUTION	,	C. CITY OR TOWN (If outside city limits, write Baltimore	RURAL ond give township)							
	31 MERCY to	tospitaL	D. STREET ADDRESS (If rurol, give locotion)  Formely of 4421 A								
			8, DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.							
m	le White	Widowed  Widowed	Jan. 3 I88I 84								
	10A. USUAL OCCUPATION (Give kind of work 10B. Kildone during most of working lite, even if retired)  Retired	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  New York	12. CITIZEN OF WHAT COUNTRY?							
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
	Charles Schwab	16. SOCIAL 121.2 100	Mary Fowler								
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of se	06I 22 I654	Mrs. Ethel M. Murphy	Marble Hall Rd.							
4	18. 4-20, 1 × 260	CAUSE OF	F DEATH	INTERVAL BETWEEN ONSET AND DEATH							
	DISEASE OR CONDITION DIRECTLY	(A) (A)	YOCARDINI FNIFARETI	ion Ih.							
	heart foilure, osthenio, etc. Il meons the diseose,										
	injury or complication which coused death,  ANTECEDENT CAUSES	SCU. H.D	YEARS.								
	DISEASES OR CONDITIONS, if ony, giving										
	rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.										
	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IRUTING	C GANGRENE								
	DISEASE OR CONDITION CAUSING IT.  PADELY  SAME OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?										
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or about 21 C. WHERE DID (If in Boltime	ore City, give exact location)							
	OF INJURY (Month) (Doy) (Year) (Hou	1 0	21F. HOW DID INJURY OCCUR?								
	(APPROX.)	While At Work	· D Ng								
	22. I certify that (this hospital) atte		B - 19 65 to	2-26 1965.							
		that (We) last sow the deceased alive on 2 - 0 6 - 19 65 and that In (our) apinian death accurred on the date and hour and from the causes stated above. (We) (did) (deceased the body after death.									
	23A. SIGNATURE Lakert L.	Nac Phys		238. DATE SIGNED 2-26-65							
	23C. PHYSICIAN'S NAME (Type)	M.D.	Mercy Hosp								
	Robert L. Dgle	24C, NAME of CEMETERY OF CRE		City, town, or county) (State)							
	Burial 37 I/65	Holy Redeemer	Cem Baltimore								
	25A. DATE REC'D BY HEALTH DEPT.   25B. N	NAME OF REGISTRAR	25C Florer AL DIRECTOR Sens	2024 Cellians A							
	VS 150-REV. 1/1/65										



		BALTIMORE CITY	HEALTH DEPARTMENT		OF OLON
BIRTH NO. 65 2	2189	CERTIFICA	TE OF DEATH	Registered No.	65 2189
M.E. CASE NO.			2. DATE A	ND HOUR OF DEATH	
(Typo or Print)	BEL LOUISE POW	ELI.	Fel	omiary 23. 1	965   6:30P M
	BALTIMORE, MARYLAND	520	4. USUAL RESIDENCE (WHA. STATE B. COU	ore deceosed lived. If it	965 6:30P M
HOSPITAL OR	(If not in hospital or institut address or location)		C. CITY OR TOWN (If o	utsido city limits, write	RURAL ond give downship)
	use of the Pin 25 W. Belveder	es - Belvedere	D. STREET ADDRESS	f rurol, give location)	
10	Derveder	0 1140	3738 Brook	vn Ave.	
5. SEX 6. RAC	WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	N (Give kind of work 108, KIN	Widowed  D OF BUSINESS OR INDUSTRY	Aug. 27,1888	76 reign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife			Baltimore, Ma	rvland	U.S.
13. FATHER'S NAME			Baltimore, Ma	AME	
Morgan	S. Rice		Margaret Gor	such	
15. Was Deceosed Ever in (Yes, no or unknown) (II yes	n U. S. Armed Forces? s, give wer or dotes of serv	16. SOCIAL SECURITY NO. 217-34-9783	Robert M. Power	Rt. # 1,	Box 65 A
18. 44 OO	7.		OF DEATH	Pasaue	INTERVAL BETWEEN
LEAD	CONDITION DIRECTLY ING TO DEATH an line made of dying,	e.g., DUE TO	ronary The entensine a anterior client	ombres	ONSET AND DEATH
heort failure, asther	nia, etc. It means the disc an which caused death.)	ease, Neg	entensine Ca	rdio Vascular	desare
ANTEC	EDENT CAUSES	DUE TO	WI-WI CW VCWI C	7	• • • • • • • • • • • • • • • • • • •
	ONDITIONS, if any, give cause (A) stating				
OTHER SIGNIFICAN TO THE DEATH DISEASE OR COND	T CONDITIONS CONTRIBUTION RELATED TO	UTING THE	1,		
19A. DATE OF OPER	ATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or )		FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDENT WA OR CONTRIBUTING	CAUSE OF	218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltimo	re City, give exoct locotion)
21D. TIME (Mont	h) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED  While At Not White Work At Work	21 F. HOW DID IN	JURY OCCUR?	2
22. I certify that (	1) (this hospital) attend	led the deceosed from	gan	1958 to	Nec. 1968
	sow the deceased alive		1/4/		inion death occurred on the date
and hour and from	the couses stated above	ve. (1) (We) (did) (did not)	/		
23A. SIGNATURE	erein Ca.	to by in was an	ending Med	Stoll	23B. DATE SIGNED
23C. PHYSICIAN'S	Jun -mu	the Phy ID- M.D. AH	ending Med. Director  23D. ADDRESS	Phys.	Feb. 23, 1965
NAME (Type)	Eugene Schnit	M.D.	3904 Hanover	St. Balti	more 2 5, Md.
24A. BURIAL CREMATIO		C. NAME of CEMETERY OF CR			city, town, or county) (Stote)

25C. FUNERAL DIRECTOR Hgwy.

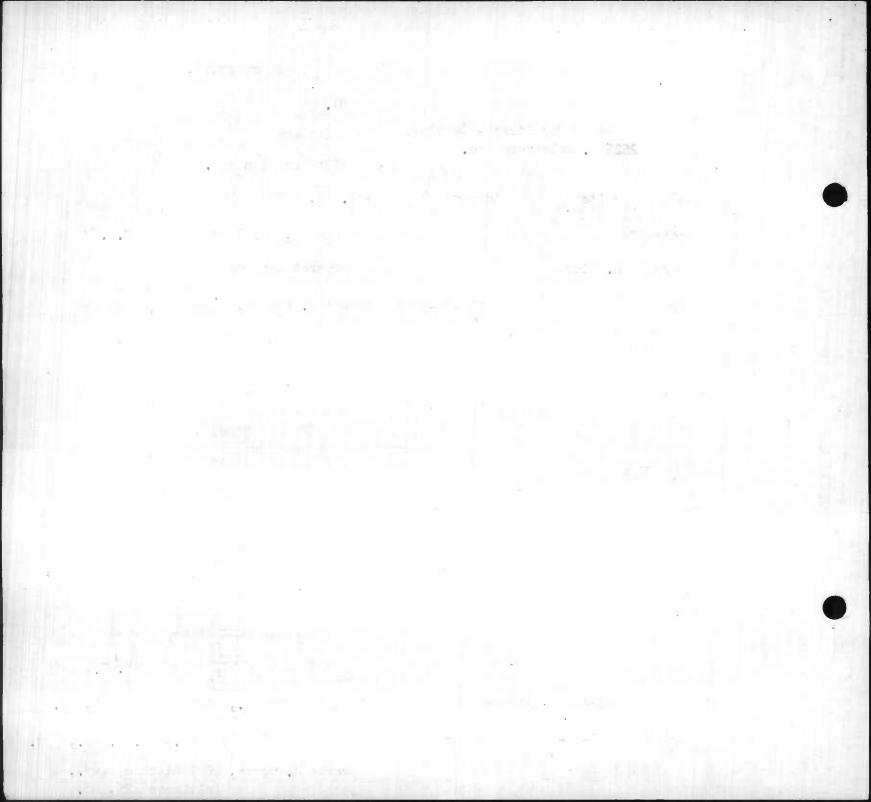
George J. Gonce, 4001 Ritchie Hgwy.,
Baltimore 25, Md.

Co.,

Burial 2-26-1965 Glen Haven Memorial Park

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAD 25C. FUNER

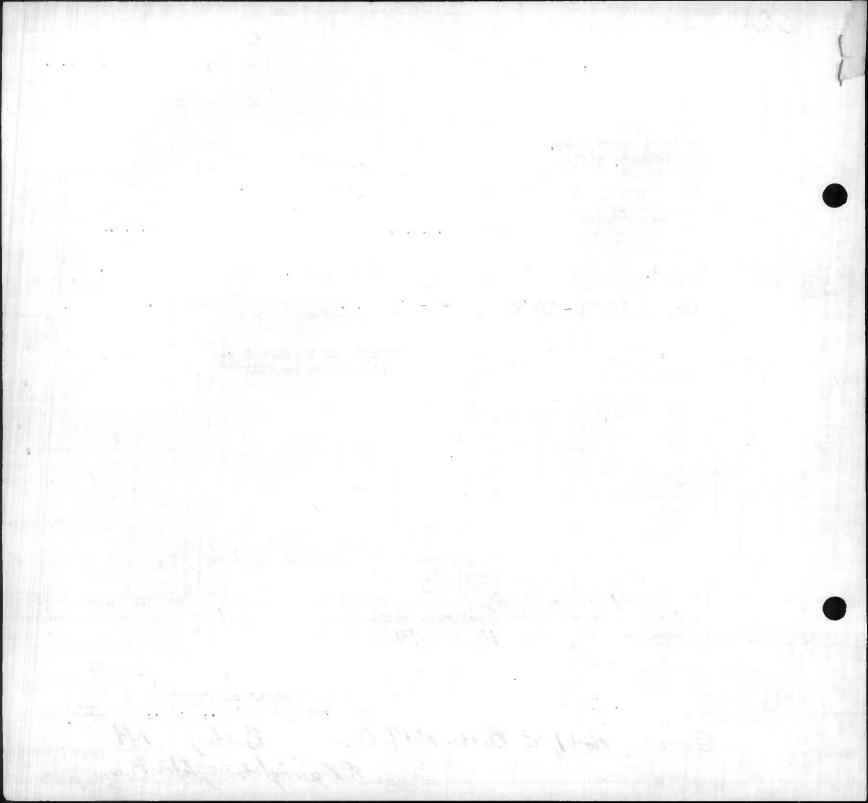
MAR 1 1965 Robert C. George



Such

			BALTIMORE CITY	HEALTH DEPARTMENT	ī	
	ятн но. 65 2190		CERTIFICA	TE OF DEATH	Registered No.	65 2190
1.1	LE CASE NO.  NAME OF DECEASED  (Pe or Print) MOODY, THOM	IAS LEMU		2, DATE	RUARY 24,1965	3:15 A.M.
3.	PLACE OF DEATH IN BALTIMORE, MA				Where deceased lived. If in	astitutian: residence befare admission)
۱	FULL NAME OF (If not in haspital HOSPITAL OR address at lacotic	aı institution,	give street	MARYLAND	ANNE ARUNDE	
1	ETERANS ADMINISTRATI		PITAL	GLEN BURNIE	fautside city limits, write	RURAL ond give tawnship)
	3900 LOCH RAVEN BLVD. BALTIMORE MD. 21218			D. STREET ADDRESS 1324 GATWIC	(If rural, give location) H ROAD	
I	SEX 6. RACE SAUCASIAN	WARY	D. NEVER MARRIED DIVORCED (specify)	6/5/20	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
da	A, USUAL OCCUPATION (Give kind of woine during most of working life, even if retired)  SAFTY ADVISOR		E DEPT.A.I.D.	11. BIRTHPLACE (State of WYOMING	fareign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
1	NORMAN N. MOODY			HANNORAH V.	COLFMAN	
15.	. Was Deceased Ever in U. S. Armed Fa es, na ar unknown) (If yes, give war ar dat	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Yes 1/7/41 - 1	1/6/47	224-16-6225	V.A. HOSPITA	L BALTIMORE	MD.21218
	18. / 6 2 . / 1		CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DI		(A) Bron	chiolar Carci	3½ years	
	(This does not meon the made a heart foilure, asthenia, etc. It mean injury ar camplication which couse	s the disease	DUE TO	idespread Met		
	ANTECEDENT CAUSE	S	(B)		## 1466 f dra f 1466 waa amatama waa 200 66 f f f f fishbû 200	**************************************
	DISEASES OR CONDITIONS, if					
	UNDERLYING CONDITION Iosi.					00 00 00 00 00 00 00 00 00 00 00 00 00
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO T	NG HE			
ERTIFICA	19A. DATE OF OPERATION 19B. COL		WHICH OPERATION	YES	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
AL C	OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	ha	B. PLACE OF INJURY (e.g., in me, farm, factory, street, at c.)	n at about 21 C. WHERE DI fice bldg., INJURY OCCU	D (If in Baltimon	e City, give exact facation)
MEDIC	21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.)	w	E. INJURY OCCURRED  (hile At Nat While At Wark		INJURY OCCUR?	
	22. I certify that (1) (this hospita	il) attended	the deceased fram	July 28th	1964 to Feb	mary 24th 19 65
	that (1) (we) last saw the deceas					nion death occurred an the date
	and have and from the causes sta	ated above.	My (We) (did) (did dol) v	iew the bady after dea	ith.	
	23A. SIGNATURE	6	M.D. Atte	ending Med.	Staff	23B. DATE SIGNED
	23C. PHYSICIAN'S	rende	Phy	s. Director 23D. ADDRESS	Phys. Y	2/24/65
	HOWARD H. GENDASO		M.D.	Veterans Admi	inistration Ho	o. Md 21218
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  March 1	1965 %	Balto. Nat 1.	Cem.	Balto,	(ty, 16wn, or county) (State)
25	A. DATE REC'D BY HEALTH DEPT. Z	25B. NAME	OF REGISTRAR	25C. FUNERAL DIREC	CTOR, CI	B ADDRESS

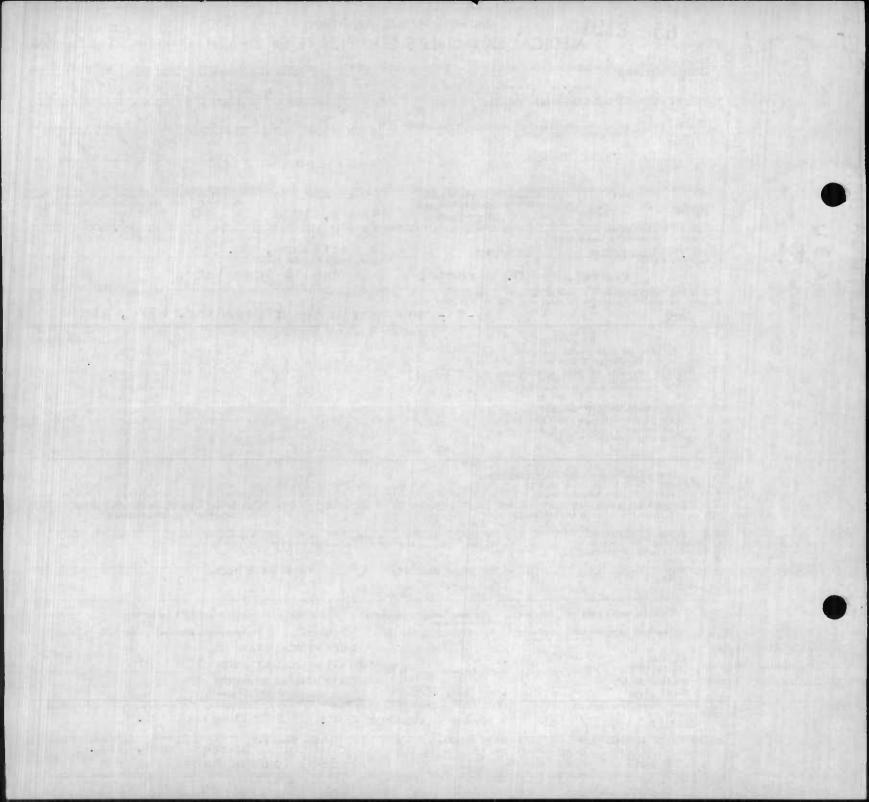
eton



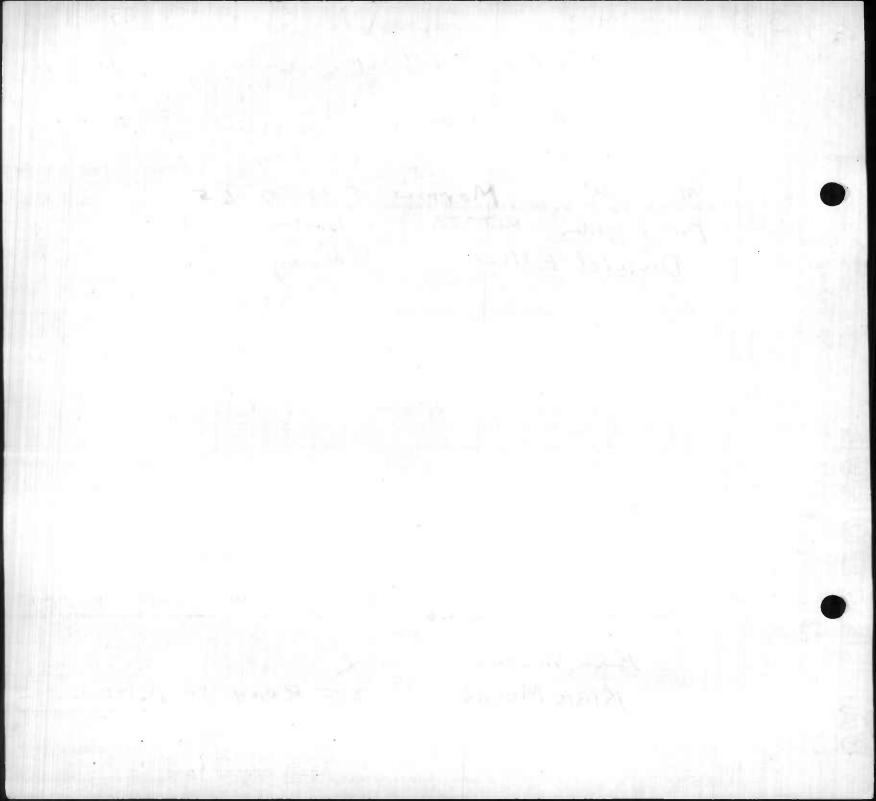
CA	2417111005	-		DED . D.T
91	BALTIMORE	CILY	HEALIH	DEPARTMEN

65	2191
00	LUL

1	65	2191	BALTIMORE CITY HEA	LTH DEPARTMEN	NT		6	5 0404
10	RTH NO.	MED	ICAL EXAMINER'S C	ERTIFICA	TE OF DI	EATH Registe	red No.	0 5131
1	NAME OF DEC	CEASED			2. DATE AND	HOUR PRONOUNC	ED DEAD	
	Type or Print)	JOHN	HEMMETER		Februa	ary 26, 196	55 ı	8:00 A. M
3.	PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESID		ceosed lived. If inst	itution: resid	ence before odmission)
				A. STATE Man	ryland	B. COU	INIT	
H	OSPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET		w/	corporote limits, write	RURAL on	d give township)
11	ISTITUTION			Ra	ltimore		)-6	1 (1)
1	BAL	CTIMORE CITY	HOSPITAL		RESS (If rural, gi	ve location)		1 4
100	) 1			229	8 S. East	Arronico		
5.	SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years	If Under	1 Yr. If Under 24 Hrs.
	Male	White	WIDO WED, DIVORCED (specify)	Mary 1	1004	lost birthday	Months	Doys Hours Min.
2.4			MATTIEC	May 1,			12. CITIZE	N OF
		working life, even if retired)	MIND OF BUSINESS OK INDUSTI					COUNTRY?
	Pub Rel	ations	EssKay		more, M	d.		
13	S. PATHERS NAM		on C Hommotor	14. MOTHER'S M	lia Sch	uster		
			nn G. Hemmeter					
1 . (Y	es, no or unknown	O EVER IN U.S. ARMED	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
I	no		213-05-2509	Marie L	oehr He	emmeter,	wife,	above
	18.	0 1	CAUS	E OF DEATH				INTERVAL BETWEEN
	7		DECEL V					ONSET AND DEATH
	DISEA	SE OR CONDITION DEATH		erioscler	otic card	liovascular		
	(This does to	not meen the mode of , osthenio, etc. It meens	dying e.g., Dile TO	erroscrer	disease			
	injury or co	mplication which coused	deoth.)		ursease			
		ANTECENDENT CAUSI	ES					
	DISEASES	OR CONDITIONS, IF A	ANY, GIVING (B)					
		IE ABOVE CAUSE (A) S NG CONDITION LAST.	TATING THE					
1	Z		(C)	**********************				
10	OTHER SIG	11						TENTE THE
(	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO THE		000000000000000000000000000000000000000			************************
Caro	19A. DATE OF	OPERATION 198, CON	NDITION FOR WHICH OPERATION FORMED	37	IN	B. IF YES, WERE FILL		
	21A. EXTERNA UNDERLYING		21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21C. V	WHERE DID (If	in Boltimore City, gi	ve exoct lo	cotion)
6	UTING CAU	ISE OF DEATH.	etc.)					
-	OF INJURY (APPROX.)	(Month) (Doy) (Yeo	WHILE AT   NOT	WHILE	OW DID INJUR	Y OCCUR?		
	22.	tify that I held an		otopsy an	d that on this	basis, death in n	ny apinlan	
		Ited fram: Natural ca			_	determined manne		
	16801	A Train. Individu Ca	Accident 50161			The second second		
	ACTUA	L () /	6/1/2		EDICAL EXA			DATE SIGNED
	SIGNAT	URE TOUR	- Helden M.	. ASSISTANT M				
	EXAMIN	JER'S/	John E Adoma M.D.	ASSOCIATE N	MEDICAL EXA	MINER		2-26-65
0	NAME (		ohn E. Adams, M.D.	- CREAL ATORY	23 D. LO	CATION (C:	, town, or c	
R	Burial CRE EMOVAL (Specification Buria)	3/2/6	5 Holy Redeen			ltimore,		Conny/ Carole/
2	4A. DATE REC'D	BY HEALTH DEPT.	Robert E. Janey M.A.		munek F. 31 Breh	uneral Ho	ome, A	PDRESS INC.
	31	11111 7 1000	420	33.	or prem	ms Lane		



	BALTIMORE CITY H	EALTH DEPARTMENT		65 2192
BIRTH NO. 65 2192 M.E. CASE NO.	CERTIFICAT	E OF DEATH	Registered No.	00 2132
1. NAME OF DECEASED Thoma	3	+ Sr. 2-2	C-65	1115 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		L USUAL RESIDENCE (Where A. STATE B. COUNT		tution: residence before admission)
FULL NAME OF (II not in hospital or institution, g		C. CITY OR TOWN (If outs	ide city limits, write RUI	RAL and give township)
	A .	D. STREET ADDRESS (If ru	urol, give location)	8-01
10 /6116 Belan		2709 Ch	eslenti.	
	NEVER MARRIED  DIVORCED (specify)		AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Aanths Days Haurs Min.
done during most of working life, even it retired	BUSINESS OR INDUSTRY	BIRTHPLACE (Stote or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
Daniel Ellia	H	Mary		Peterson
15. Was Decoased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of service)	1 6. SOCIAL SECURITY NO.	Helen (nee o	les) 270	9 Charle ner
18./57/	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	/2	lesting 10%	struction	30 das
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUE TO			
ANTECEDENT CAUSES	(B) CO	remoma o	J Pon cres	o / gen
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	(6)			
UNDERLYING CONDITION last.	(C)			
NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	vhich operation	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	PLACE OF INJURY (e.g., in e.g., form, factory, street, office	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimare C	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
(APPROX.) Whit	le At Work			
22. I certify that (I) (this hospital) attended th			965 10 De	
that (I) (we) lost saw the deceased alive on			t In (my) ( <del>our)</del> opinio	on death occurred on the dot
ond haur and from the couses stated above. (1)	) (We) (did) ( <del>did_tot</del> ) vie	w the body after death.	12	3B. DATE SIGNED
Kirk more	M.D. Attend	Med. Director		2-26-65
	72 M.D.	D ADDRESS		Boltime & m
24A: BURIAL CREMATION, 24B. DATE 24C.NA REMOVAL (Specify)	ME OF CEMETERY OF CREM			town, or county) (State)
Burial 3/1/65 Ne	w Cathedral		ltimore, M	
MAR 1 1965 Record	E Janky M.A	Schimunek F 3331 Br	uneral Homehms Lane	e, Inc.



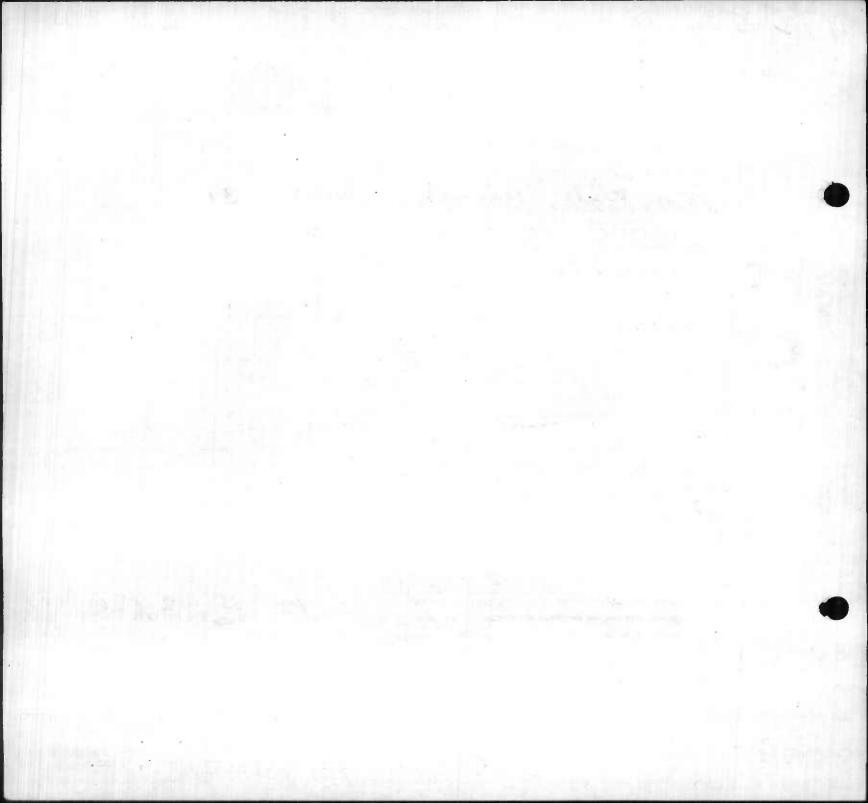
		BALTIMORE CITY	HEALTH DEPARTMENT	CE 9402						
	BIRTH NO. 65 2193 M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered No	65 2193						
	(Type or Print) Emma Jeun Hoh:	son	2. DATE AND HOUR OF DEATH	155AM						
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE  B. COUNTY	itution: residence belore admission)						
	FULL NAME OF (If not in hospital or institution, give a HOSPITAL OR oddress or location) (NSTITUTION.	street /	C. CITY OR TOWN (Il outside city limits, write RU	IRAL ond give township)						
	33 Johns HOPKINS	HOSP.	D. STREET ADDRESS (If rurol, give locotion)	24						
	2 301112		512. Oldhan Strant							
DILLO	TEMAIN Whith MAYY	ORCED (specily)	B. DATE OF BIRTH  9/28/33  9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.						
	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSI done during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?						
	Demonstrator Cadetco	Sales Co	Kentucky	6.3						
2	Challe Black		D . D .							
5		SOCIAL	17. INFORMANT	ADDRESS						
3	(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	John L. Hobson, husband, above							
5	1B. 410XI	CAUSE OF	Curden a Mark thomas	INTERVAL BETWEEN ONSET AND DEATH						
50	LEADING TO DEATH									
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the discose, injury or complication which caused death.)	DUE TO	1 101							
	ANTECEDENT CAUSES	(B) DUE TO	itral Somosis	Revisity of						
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(c) (K	hermadic Hart							
	II	11 / . /	water land among t							
Leu	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Replace	munt with Sta.	Value						
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED	HOPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?						
Derore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE	CE OF INJURY (e.g., in foctory, street, old	or obout 21C. WHERE DID (II in Boltimore INJURY OCCUR?	City, give exect locotion)						
50	OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJU	JRY OCCURRED	21F. HOW DID INJURY OCCUR?							
5	(APPROX.) Work	Al Work		106 1065						
	22. I certify that (this hospital) attended the de that (f) (we) lost saw the deceased alive on	- /- /	19 65 ta 9 and that Interval (our) opini	on death occurred on the date						
2	ond hour and from the causes stated above. (We	o) (did) (did/pigs)) v								
	23A. SIGNATURE	M.D. Atte	nding Med. Stoff	2/26/65						
2	23 C. PHYSICIAN'S NAME (Type)	A74(R.D.	3D. ADDRESS John Flank	ns Hopkin						
2	REMOVAL (Specify)	of CEMETERY OF CRE		, town, or county) (State)						
0	Burial 3/1/65 Oak L	awn Cemet	ery Baltimore, N	id.						

65

25A. DATE REC'D BY HEALTH DEPT.

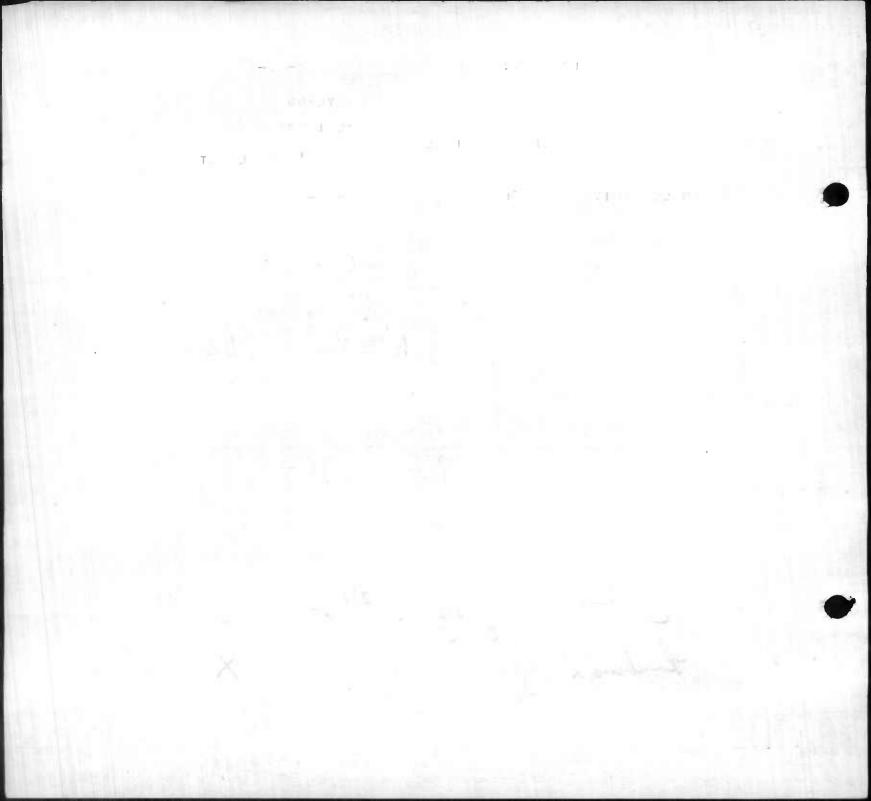
Robert E. Jawey M. A.

Schimunek Funeral Home, Inc. 3331 Brehms Lane

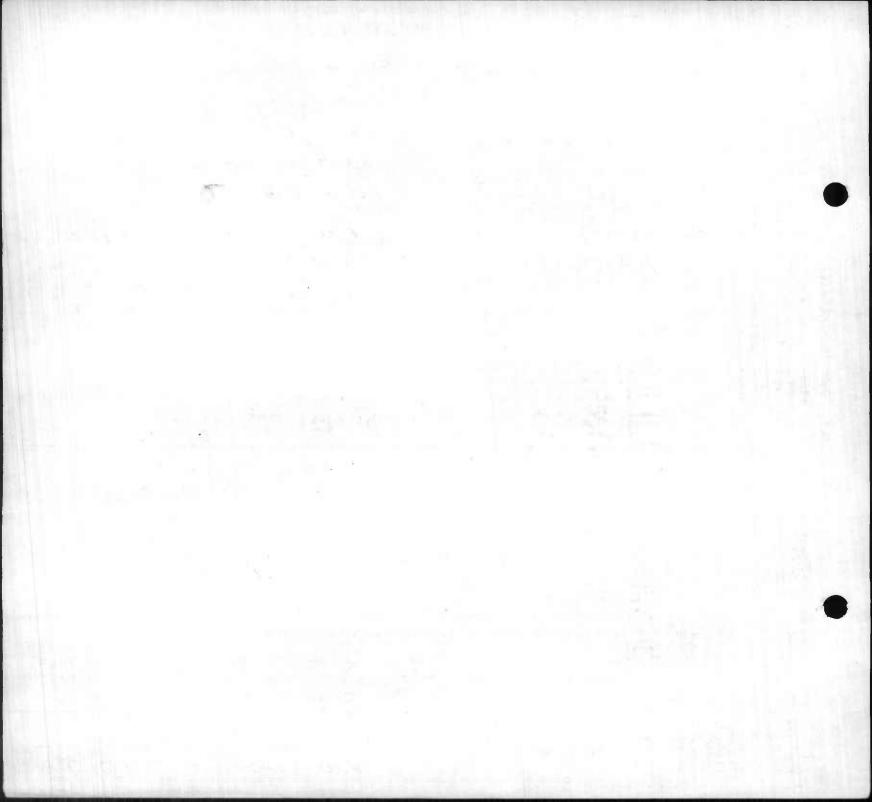


FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

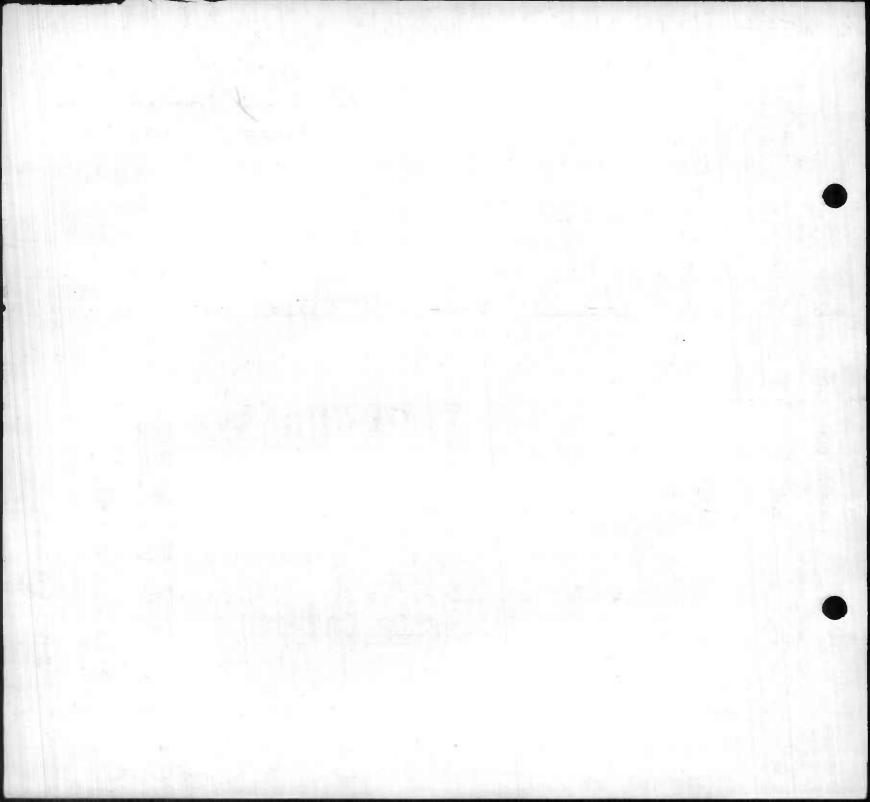
		BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. 65	2194	CERTIFICA	TE OF DEATH	Registered No	. 65 2194
M.E. CASE NO.  1. NAME OF DECEASE (Type or Print)	CARRIE SH	IANK	2. DATE 2-27	AND HOUR OF DEAT	H 2.50 P
3. PLACE OF DEATH			4. USUAL RESIDENCE (V	Vhere deceased lived. If	institution: residence before admissi
			MARYLAND	UNTY	1-01
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or oddress or location)	institution, give street		outside city limits, write	e RURAL ond give township)
33 J	OHNS HOPKI	INS HOSPITAL	D. STREET ADDRESS	(If rurol, give location)	
			3004 0'Don		
	WHITE	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 2-23-82	9. AGE (In years tost birthdoy)	Months Doys Hours Min
IOA, USUAL OCCUPAT		OB, KIND OF BUSINESS OR INDUSTR		foreign country)	12. CITIZEN OF WHAT COUNTRY?
House	. 0	-	Maryland		U.S.A.
13. FATHERS NAME	Tracey		14. MOTHER'S MAIDEN	NAME Z	
	in U. S. Armed Force	s? 16. SOCIAL	17. INFORMANT	. 1// 3	ADDRESS
Yes, no or unknown) (II)	res, give wor or dotes	of service) SECURITY NO.	Mrs. Amanda	Wilson R.	Itimore Md. 212
18. 4.93	XI	407	OF DEATH	ell 30, Da	INTERVAL BETWEEN ONSET AND DEATH
	R CONDITION DIRE	CTLY	to Polyman	ma Fullis	m 5hi
(This does not r	neon the mode of d		ace facini na	L'y Britains	om Jimp.
	ienio, etc. It meons to olion which coused d		101A 10 -	A 1V	- Leade
ANT	ECEDENT CAUSES	(B) NOW	le Pulaural Dey	Slavial Theun	iona I W.C.
DISEASES OR	CONDITIONS, if or				
rise to the o	bove couse (A) s ONDITION lost.	sloting the (C)			
	II.				
OTHER SIGNIFICATION THE DEAT	NT CONDITIONS CO	NTRIBUTING PARTIES TO THE	12 1)	(Re)	25
DISEASE OR CON	IDITION CAUSING IT.	Varycens			22762-
19A, DATE OF OP	WAS PERFO	ITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTION OR CONTRIBUTION DEATH (notify med	VAS UNDERLYING  G CAUSE OF dicol exominer)	218. PLACE OF INJURY (e.g., home, larm, loctory, street, etc.)	in or obout 21°C. WHERE DIE office bldg., INJURY OCCUR	(II in Boltim	nore City, give exact facation)
O 21 D. TIME (M	onth) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)		While At Not Wh			/
22. I certify that	(1) (this hospital)	attended the deceased fram	2/23	1965 to 2/	27 19 6
that (1) (we) los	t saw the deceased	alive on 2/27	19 65 and		plain death accurred on the
ond hour ond fro	m the couses state	dehave. (1) (We) (did) (did nat)	view the body ofter deat		
23A. SIGNATURE	1 101				23 B. DATE SIGNED
thrul	rand L	M.D. AI	rending Med. Director	Stoll Phys.	2/27/15
23C. PHYSICIAN'S NAME (Type)		OA	23D. ADDRESS		1-11-6
		M.D			
24A. BURIAL CREMAT REMOVAL (Speci		24C. NAME OF CEMETERY OF C	REMATORY 24D	LOCATION	(City, town, or county) (Stot
Burial	2/2/1/5	Glen Haven C	emetery f	Inne Arunda	el Co., Marylar
25A. DATE REC'D BY	HEALTH DEPT.	5B. NAME OF RECHSTRAM	25C. FUNERAL DIREC	TORM . ++1	ADDRESS
MAF	1 1965 (	Cher E. Tawen	Nicholds T	Matthew	ve Baltimore Nd
VS 150-REV. 1/1/65					/ / /



	BALTIMORE CITY	HEALTH DEPARTMENT		65 2195
BIRTH NO. 65 2195 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	00 21.00
	10:11	2. DATE AND	HOUR OF DEATH	
Type or Print	EFA) BLUSIE	WICZ FER	22-19	60
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. It in	stitution: residence before admission
TEACE OF DEATH IN BALLINGKE MAKIERIU		A. STATE B. CDUNT	Y	A COMMISSION
		MARYLANG	)	1-0-
FULL NAME DF (II not in hospital or instilution, HDSPITAL DR oddress or location)	give street			URAL and give township)
INSTITUTION		0 -		UKAL ond give township?
2214 GOUGH ST		BALTIMORE		
2214 COUCH 31	4	D. STREET ADDRESS (If ru	rol, give location)	
(1)		2514 (-11	CII ST	
		Wall 600	7 T 02 L	
	D. DIVORCED (specify)		AGE (In years	If Under 1 Yr. If Under 24 H Months: Doys Hours: Min.
F		AUG-24 - 1893"	-188	
OA. USUAL OCCUPATION (Give kind of work 10B. KIND O	VALLE OF THE OF THE OF		n country)	12. CITIZEN OF
one during most of working life, even if refired)	. DOSINESS ON INDOSTRI	C C C C C C C C C C C C C C C C C C C	ii coominy,	WHAT COUNTRY?
HOUSEWIFE		Na10MD		115
		104141		9.5
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		The state of the s
MAJEWSKI		UNK.		
,	14 505141		1	ADDRESS
was Deceased Ever in U. S. Armed Forces? es, no or unknown) (II yes, give war or dates of service)	SECURITY NO.	MRS. HELEN	RFZ	D- 1- NORECLICO
				autous en la
		MARTELL	WI- MC	MICOMERYND
18. 4.20, 1	CAUSE O			ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	/1	-	IP.	O CHIEF AND DEATH
LEADING TO DEATH	1/40	te coronar	y a row	7000
(This daes not mean the made at dying, e.g.			*	
heart failure, asthenia, etc. II means the disease		/		
injury or complication which coused death.)				
ANTECEDENT CAUSES	(B)			
	DUE TO	-/	٨	
DISEASES OR CONDITIONS, if any, giving		estervive com	lio volcu	los
rise to the above cause (A) stating the	(C) //		4	
UNDERLYING CONDITION last.			078-	-9.
		. 0	10 0	
DTHER SIGNIFICANT CONDITIONS CONTRIBUTION	16 Proul	upuia - la	the love -	
TO THE DEATH BUT NOT RELATED TO THE	HE TOTAL		4 .00.26	<b>~</b> .
DISEASE DE CONDITION CAUSING IT.	WILLIAM ORGANISM	[20A A LIZOPENA /V bi -il	200 IE VEC WIESE	INDING: CONFIDENCE
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	JSES OF DEATH?
E O				
21 A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e. a i	n or obout 21 C. WHERE DID	(If in Bottimore	City, give exact location)
OR CONTRIBUTING CAUSE OF ho	me, form, foctory, street, o	ffice bidg., INJURY OCCUR?		
DEATH (notily medical examiner)	: <sub>•</sub> }			
21 D. TIME (Month) (Dov) (Year) (Hour) 21	E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUP?	
OF INJURY			A. OCCOR.	
	hile At Not While At Work	e		
			15 5	0 69
22. I certify that (1) (this haspital) attended	the deceased from		65 to Fe	6 23 19.65
that (1) (we) last saw the deceased alive an	re6.23/8:	19 65 and the	t In(my) (aur) and	nion death accurred on the
		· ·	,, (, apr	
and hour and from the causes stated above.	(I) (We) (did) (did not)	riew the body after death.		
23A. SIGNATURE	0			23 B. DATE SIGNED
Quelren Leur	1.12 & M.D. AH	ending Med. Director	itoff Phys.	Feb 25-65
			hys.	70
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type) ANDREW LEWISCH	- KLAL	ME ON F.	BALTIL	DE ST
1414011-12	M.D.	∞e 08 ~ . \		07-
4A. BURIAL CREMATION, 248. DATE 24C.N	M.D.			
	M.D.	EMATORY 24D. LO	CATION (Ci	ty, town, or county) (State
4A. BURIAL CREMATION, 248. DATE 24C.N	M.D.	EMATORY 24D. LO	CATION (Ci	ty, town, or county) (State
4A. BURIAL CREMATION, 24B. DATE 24C. N. SEMOVAL (Specify)	M.D.	EMATORY 24D. LO	CATION (Ci	ty, town, or county) (State
4A. BURIAL CREMATION, 24B. DATE 24C. N. SEMOVAL (Specify)	IAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (Ci	ty, town, or county) (State)
4A. BURIAL CREMATION, 24B. DATE 24C. N. SEMOVAL (Specify)	IAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (Ci	



						BA	LTIMORE CIT	Y HEALTH	PARTMEN	Т			00	
-	NO,	65	2:	196		CI	ERTIFICA	ATE OF	DEATH	HX Re	gistered No	0	25	2196
1. NA		DECEA	SED						2. DATE	AND HO	UR OF DEAT	Н		10
пуре	or enn	" AI	VINE	M. N.	1AC.				Fe	6 2	4 19	65	2:	: 48 P.M.
	JLL NA			of in hospital a				4. USUAL A. STATE	RESIDENCE ( arylan	Where dece		Lord		e before odmission)
H	OSPITAL	LOR	odd	ess or lacotion	1	m, give sireer			R TOWN (				ond give t	
Ч					1.	, , ,		D. STREET	ADDRESS	(If rural, g	ive location)	retts	ATIT	e
5. SE	1771	CN/	Mex	IORIAL	1405	PITAL ED. NEVER A	AADDIED	B. DATE O	hust		ROL E (In years	1 15 114	6	If Under 24 Hrs.
/			W	,	MIDON	KRIED	CED (specify)	6-8	73-14	2 lost bir		) Month	ns Doys	ff Under 24 Hrs. Hours Min.
				ive kind of work even if retired)	10B. KIND	OF BUSINES	S OR INDUSTR		LACE (State of				THE CO	
13. F	ATHERS	S NAME	wit	e.	H	ome	ŕ	B A	ERS MAIDEN	NAME IN	ud	6	1.5	A
	<b>ф</b> і.			11-11	, iv =			1				104		
15. W	as Dec	eo sed E	er in U.	S. Armed Fore	es?	1 6, SOCI	AL IRITY NO.	2	PRY		- LOV	01	ADDR	ESS OO 4
	No	1		-			0-8418	Augus	har	lack	Jarre	ttsv	ille	21084 , Maryla:
1	18.	ISEA SE	Se co	I NDITION DIR	ECTI V		CAUSE	DF DEATH					INTERV	AND DEATH
		LI	ADING	TO DEATH			(At	chai	prieu-	772677	ial	10	Court	2 weeks
	heart ia	ailure, os	thenia,	the mode of etc. it means which coused	the disea		DUE 10	0. 8.				6		
		AN	TECEDI	ENT CAUSES			(8)	200	<b>V</b> (	00			. ^	no no apereca quadra mereno no derido derido de derido de Probrem (P. P. P. P. P. P. derido derido de
				couse (A)			101	Chlu	eme	ales	cass:	In Al	15	
				ion iosi.			000000000000000000000000000000000000000					V		100000 mm, mm, mm, mm, mm, mm, mm, mm, mm
ATION	TO TH	HE DEA	TH BU	II ONDITIONS C IT NOT RELA N CAUSING IT	TED TO									
12	= ,	TE OF C	1,0	WAS PERF	ORMED	R WHICH O	PERATION	20 A. AL	TOPSY? (Yes	or Not 20B.	IF YES, WEI	CAUSES O	GS CONS	DERED
3	21 A. AC	CIDENT NTRIBUTI	WAS U	NDERLYING AUSE OF		21B. PLACE Chame, lorm, etc.)	of INJURY (e.g., foctory, street,	in or about 2 office bldg., I	C. WHERE DI	ID R?	(If in Boltin	nore City,	give exoct	locotion)
3	21 D. TIA			(Dayt (Yeart	(Hour)	21 E. INJURY	OCCURRED	2	F. HOW DID	INJURY C	CCUR?			
1 > 1	OF INJU					While At Work	Not Wi	ite 🗆						
1 1							sed from F							19615.
							Lul (did-not)				<del>ray)</del> (our) o	pinion d	eoth acc	urred on the dote
1 -		NATURE		200303 3101			707 (010-1101)	VIGW THE DO	,0, 0,101 000	31116		23 B. C	DATE SIGN	IED
	50	Ven	a	uch	ación	me	MM.D. A	llending 23D, ADDRE	Med. Director	Stoff Phys.	×	Fa	2 5	4 1965
	NA	YSICIAN ME (Typ	et		0		M.E		:55					
24A.	BURIAL	L CREM		24B. DATE	240	NAME of C	EMETERY or C		24	D. LOCATI	ON	(City, town	n, or count	(Stote)
	Buri	ial		2/27/1	965		Marys				esvill	e.	Mar	yland
25A.	DATE	REC.D B	R 1	1965 (	Palses	S E T	alley M.A.	25C. FL	NERAL DIREC		11.	500	AD	DRESS ANCE.
VS 1	50-REV.	. 1/1/65	111 -	.,,,,	P TO SICE		-	F	povon	707	Just	Jul	rein	2ml



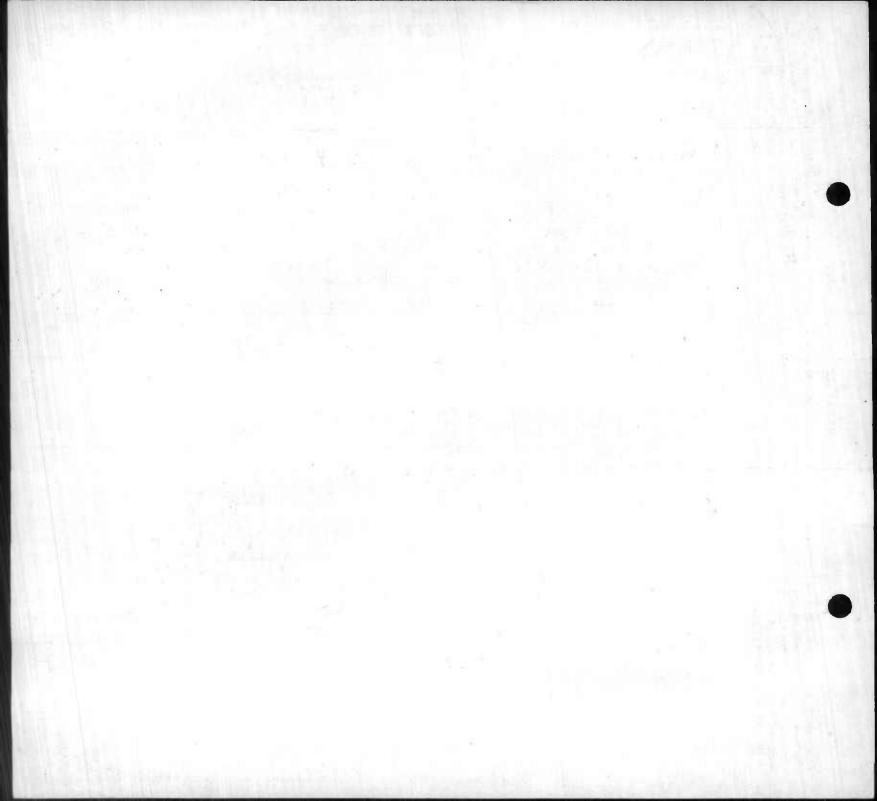
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V\$ 150-REV. 1/1/65

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO. 65 2197 CERTIFICATE OF DEATH Registered No. 65 2197	
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
. JOHN TOWNER	2-24 12:00 M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. ST Wary Landounty  Harfond  ———————————————————————————————————
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Bel Air
M	D. STREET ADDRESS (If rurol, give locotion)4341 Barnes St.
Union Memoral Hospital	43k Bornes Street
5. SEX 6. RACE 7. MARRIED. NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  1 - 9 - 6 9. AGE (In years lost birthday) 8 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.  2
10A. USUAL OCCUPATION (Give kind of work 10g. KIND OF BUSINESS OR INDUSTRY   dane during most of working life, even if retired)   Gen. Clectric	
dane during most of working life, even if retired) Gen. Filectric	England - U, S. A
Edmond Bardell  Edmond Bordell	Sanh Oliver
15. Wos Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL  SECURITY NO.	17. INFORMANT 434 Barnes St.
No 074-01-4812	Alice Flora Bardell Bel Air, Md.
18. 420,0 17 904,0 & SCAUSE O	F DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g.,	A.S. H.D.
heart failure, asthenia, etc. It means the disease,	
DUE TO .	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	or kingm distal -
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	@ lip-
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?	
DEATH (notify medical examiner) etc.)	Boltmork ( home ordher
OF INJURY    OF INJURY   OF IN	21F. HOW DID INJURY OCCUR?
(APPROX.) 2 -12 - 65 Work At Work	A occurrence for -
22. I certify that (1) (this hospital) attended the deceased from 2 - 12 19 65 to 2 - 2 × 19 65,	
that (1) (we) last sow the deceased alive on 2 - 2 y 19 6 y and that In(my) (our) apinion death occurred on the date	
ond haur and from the couses stoted obove. (1) (We) (did) (did not) view the bady ofter deoth.	
23A, SIGNATURE 23B, DATE SIGNED	
JULIAOM.D. Att.	ending Med. Stoff Phys. Stoff 2 - 24 - 65
23C. PHYSICIAN'S NAME (Type)  M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)	
REMOVAL (Specify)	
Burial 2/27/1965 Mt. Zion Bel Air, Maryland 254. Date REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 250. FUNERAL DIRECTOR ADDRESS	
MAR 1 1965 Or On to E started Vines to Will There a	

Tholle



rect or contributing cause of death (4) Undetermined cause; (5) Deceased in regular attendance occurred deceased death Mas the IMPORTANT death uo attendance any pronounced fracture of FUNERAL DIRECTOR: regular the chief medical examiner physician who 4 Ξ physician was (2) Body where the to the hospital °N. any nature; 9 approved (except and death); o hospital An accident

deceased prior to

VS 150-REV. 1/1/65

0

ţ

D.O.A.

the body was

shows: Was Such

death.

0

prior

Lo

pup

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 65 CERTIFICATE OF DEATH BIRTH NO. M.E CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type ar Print) JOHNSON, MARY JANE 65 24 7:56 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY CORRECTED MARYLAND HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION ST AGNES HOSPITAL BALTIMORE D. STREET ADDRESS (If rural, give location) is made. 2900 KINGSLEY STREET 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify)
MARRIED FEMALE WHITE 91 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? dane during most of working life, even if retired) MARYLAND HOME 4. MOTHER'S MAIDEN NAME ROSELLA FRANK OGLE ROSEANNE HOUCK 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. ST AGNES HOSPITAL INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., healt failure, asthenia, etc. It means the disease, injuly at camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 9A. DATE OF OPERATION WAS PERFORMED before 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) etc.) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (this hospital) attended the deceased from 24 that (1) (we) lost sow the deceased alive on ond that In(my) (per) opinion death occurred on the date and hour and from the causes stated above. (1) (ME) (did) (did not) view the body after death. must 23A. SIGNATURE 238 DATE SIGNED Attending Phys. Med. 2-24-65 written approval Director 23C. PHYSICIAN'S 23D. ADDRESS MAFRANCIS M.D. 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) ADDRESS 25B. NAME OF REGISTRAR 25C. FUMERAL DIRECTOR

M.H.

contributing cause of death

(4) Undetermined cause; (5)

on the

ance

attend

and

hospital

occurred

death

assistant

his

examiner

the chief medical

by

approved

medical

O

to the hospital

he body was released

any nature;

o

An accident

shows: Ö Was

O.A.

Also,

irect

any

o

fracture

4

3

(2) Body

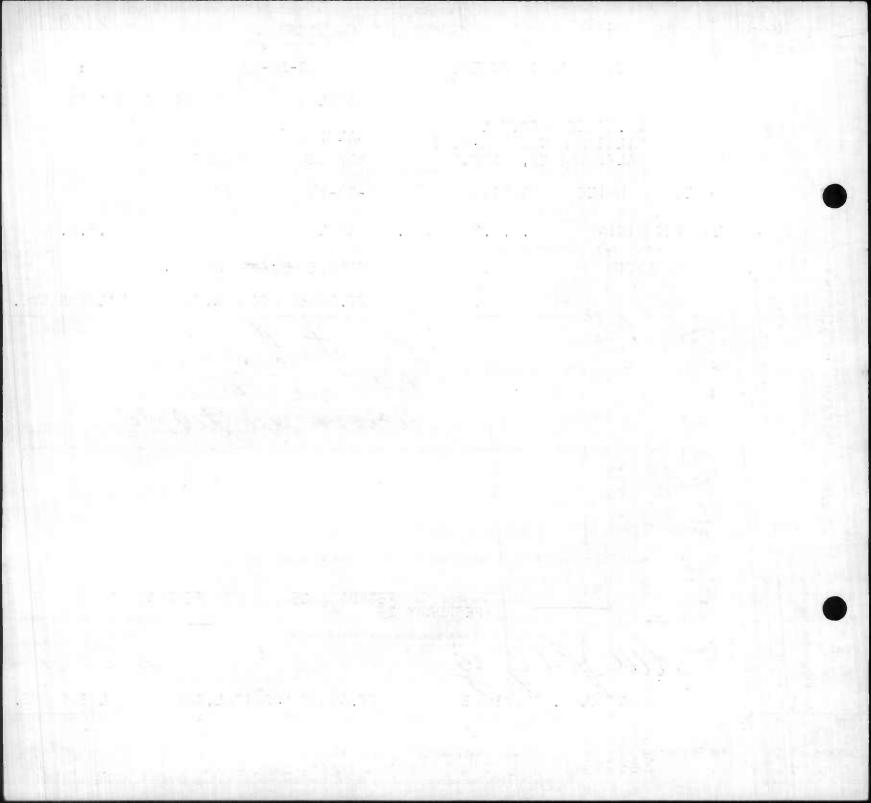
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) JOHN MARTIN SCHEPER 2-25-65 5:16 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)
A. STATE
B. COUNTY ż 3. PLACE OF DEATH IN BALTIMORE, MARYLAND deat B. COUNTY MARYLAND CODE 21228 ZIP FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL 0 ST.AGNES HOSPITAL WILKENS & CATON AVENUE prior (If rural, give location) 29, MARYLAND BALTIMORE NEWBURG AVENUE regular made 7. MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. deceased Months Doys MARRIED DIVORCED (specify) tost birthdox Hours 9-24-14 MALE WHILE 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) = U.S.A. TECHNICIAN D.S.C.FOOD IND. MARYLAND Was 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME the JOHN MARTIN CARRIE OWENS death OP ਰ 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO. ST.AGNES RECORDS, CATON & attendance NO WILKENS AVE. CAUSE OF DEATH pronounced INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, 10 injury or complication which coused death.) regul ANTECEDENT CAUSES 9 are DISEASES OR CONDITIONS, if ony, 3 to the obove couse (A) stoting the = physician UNDERLYING CONDITION lost. remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, torm, foctory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) where OR CONTRIBUTING \_ CAUSE OF CAL ° DEATH (notify medical examiner) etc. MEDI 21D. TIME obtained 21 E INJURY OCCURRED (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) At Work Work and FEBRUARY 65 to 22. I certify that (I) (this hospital) attended the deceased from FEBRUARY 65 that (1) (we) lost saw the deceased alive on ond that in(my) (our) opinion death occurred on the date hospital death) ond haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Stoff M.D. 10 Director Phys. approval 0 23C. PHYSICIAM'S NAME (Type 23D. ADDRESS prior at RODR HOUEZ ST.AGNES HOSPITAL. CATON & M.D. deceased written ap 24A. BURIAL CREMATION, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify

VS 150-REV. 1/1/65

258 NAME OF REGISTRAR

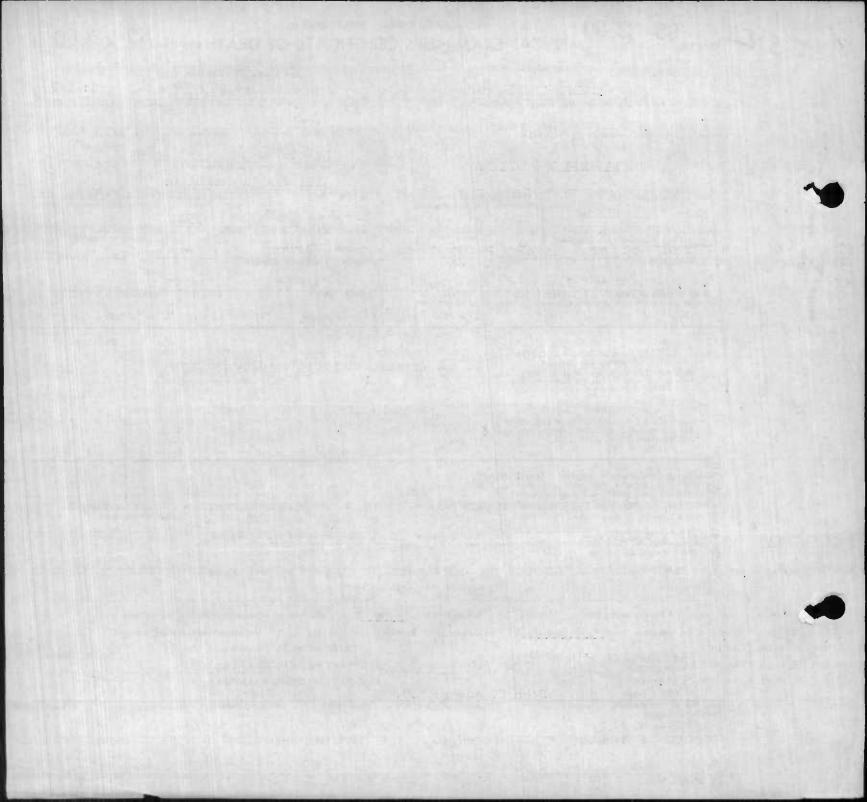
25C. FUNERAL DIRECTOR

ADDRESS



2200		EALTH DEPARTMENT		
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No

M.	E. CASE NO.									
l. (Ty	NAME OF DEC	CEASED						HOUR PRONOUNCE		
		EI	DWARD	CUNNING	HAM			ary 24, 1965		6:10 P.
3. 1	PLACE IN BALT	TIMORE, MAR	YLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESIDE	NCE (Where	deceased lived. If insti-	tution: reside	ence before odmission)
FU	LL NAME OF	(IF NOT ADDRES	IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	Mar	yland	e corporate limits, write		give township)
2	R	UNIVI	ERSITY	HOSPITA	\L	Bal D. STREET ADDR	timore ESS ((f rurol,	give (acation)	201	100
9	14					115	1 Washi	ington Blvd.		
5. 9	Male	6. RACE Whit	te		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years (ost birthdoy)	If Under Months D	Yr. If Under 24 Hrs. Doys Hours Min.
don	e during most of	working life, eve	en if retired)	1 / 1	BUSINESS OR INDUSTRY				12. CITIZEN	OF COUNTRY?
	PURCH.			6,00		14. MOTHER'S MA	AIDEN NAME			
		-	NARED	CUNA	INGHM		ARL			
	WAS DECEASE	D EVER IN U	S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	,,,,		ADDRESS	
(Ye	s, no or unknown		Wor or dote		2/2-25-7205	ms Elwa	of Cun	ning Lom, 11	- Was	h. Stod.
	1B. ef	211	A John C		CAUSE	OF DEATH				NTERVAL BETWEEN
	DISEA	SE OR CONI	DITION DI	RECTLY						DIVISET AND DEATH
		LEADING 1	TO DEATH			ioscleroti	c cardi	iovascular		***************************************
	heart failure, injury or co	not mean the , asthenia, etc mplication whi	. It means ch coused	the discose, death.)	DUE TO			disease		
	A	NTECENDER	NT CAUSE	S						
		OR CONDITI			DUE TO					
		E ABOVE CA		IA IING THE						
No.					(C)					***************************************
CERTIFICATION	TO THE		NOT RE	CONTRIBUTION						
CERTI	19A. DATE OF			DITION FOR V	VHICH OPERATION	20A. AUTOPSY?		20B. IF YES, WERE FIN IN CERTIFYING CAUS YES		
EDICAL	21 A. EXTERNA UNDERLYING	OR CONTRIE	3	21 B. F home, etc.)	PLACE OF INJURY (e.g., form, foctory, street, o	in or about 21C. W	HERE DID (	If in Boltimore City, giv	e exoct loc	otion)
Σ	21D TIME	(Month) (E	Doy) (Yeor	) (Hour) 2	E. INJURY OCCURRED	21F. HO	W DID INJU	RY OCCLIR?		
	(APPROX.)			m. W	HILE AT NOT AT W	WHILE ORK				
	22.	tify that I he	eld on la	ngulry 🗌	Inspection Aut	opsy K ond	that on thi	s bosis, death In m	y opinion	
	resul	ted from: N	oturol co	uses X A	coldent Suicide	e Homicid	le 🗌 U	Indetermined monne	r	
	ACTUA		1 .	- 1	8	CHIEF ME	DICAL EX	AMINER _		DATE SIGNED
	SIGNAT		How &	Ha	Mary M.D.	ASSISTANT ME	DICAL EX	AMINER X		
	EXAMIN NAME (	IER'S		John E	Adams, M.D.	ASSOCIATE ME			2.	-25-65
	BURIAL CRE	MATION, 23	B. DATE	230	NAME of CEMETERY o	CREMATORY	23 <b>D.</b> LO	OCATION (City,	town, or co	unty) (Stote)
	Burns	et -	2-27	-65 a	Findow Sor,			Balto.		ma /
244	. DATE REC'D	BY HEALTH			OF REGISTRAR	24C. FUNERA		0 /		DRESS
	N	MAR 1	1965	Robert	E. Farley M.A	Turky	June	al Home, C	atore	all, mel.



T520

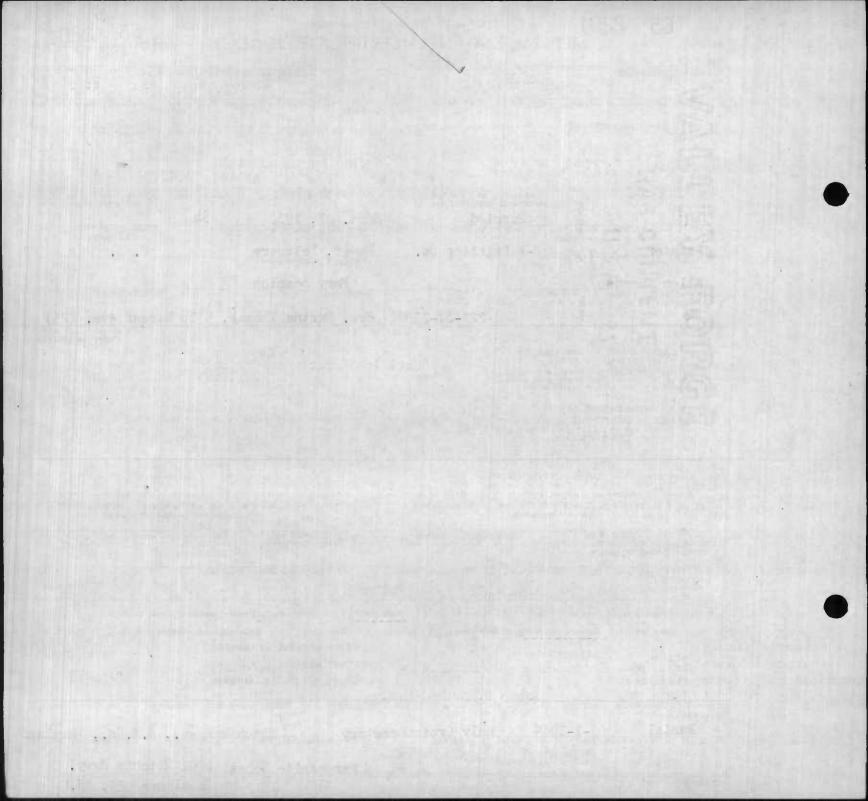
VS 151-REV. 1/1/65

BI R	65 22		BALTIMORE CITY HEAL  XAMINER'S C			EATH Register	65 2201
1.	E CASE NO.  NAME OF DECEASED pe or Print)	ALLEN THOMA	AS			HOUR PRONOUNCE	
3. F	PLACE IN BALTIMORE, M.	ARYLAND, WHERE PRONC	DUNCED DEAD	IIA. STATE	ENCE (Where de	eceosed lived. If insti	itution: residence before admissio
HO	SPITAL OR ADDR	or in Hospital or INSTI		C. CITY OR TOV	WN (If autside		RURAL and give township)
4		ngaes nospies			18 Wasen		Manager Control
	Male W	hite Mari		Sept. 27	1910	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hi Months, Days, Haurs, Min.
don	e during most of working life,  Painter  FATHER'S NAME	even if retired)	ainting Co.	Dover I	Delaware	cauntry)	12. CITIZEN OF WHAT COUNTRY?
	Allen Thomas WAS DECEASED EVER IN s, no or unknown), (If yes, give	U.S. ARMED FORCES? ve wor or dotes of service)	16. SOCIAL SECURITY NO.	Mary 17. INFORMANT	Scanlen		ADDRESS
ERTIFICATION	(This does not meon heart failure, asthenia, injury or complication v ANTECEND DISEASES OR COND RISE TO THE ABOVE (UNDERLYING COND)	II CONDITIONS CONTRIBUT	(A) Arte	OF DEATH	tic card	iovascular sease	Interval Between ONSET AND DEATH
C	19A. DATE OF OPERATIO	N 198, CONDITION FOR WAS PERFORMED			Yes	Yes	
MEDICA	ACTUAL SIGNATURE EXAMINER'S	(Doy) (Year) (Hour)  m.  held on Inquiry   Notural couses X	21E. INJURY OCCURRED WHILE AT NOT NOT WORK AT W Inspection Aut Accident Suicid	WHILE ORK	OCCUR?  DW DID INJUR  d that on this  de Un  EDICAL EXA  EDICAL EXA	bosis, deoth in madetermined monne	ny opinion
	NAME (Type)		E. Adams, M.D	CREMATORY	23D- LO	CATION (City,	tuwn, or county) (State)
24	Burial A. DATE REC'D BY HEALT	3-1-1965 H DEPT. 248, NAMI	Holy Cross Ce	metery	Rit	chie Hgwy.	A.A.Com Maryle

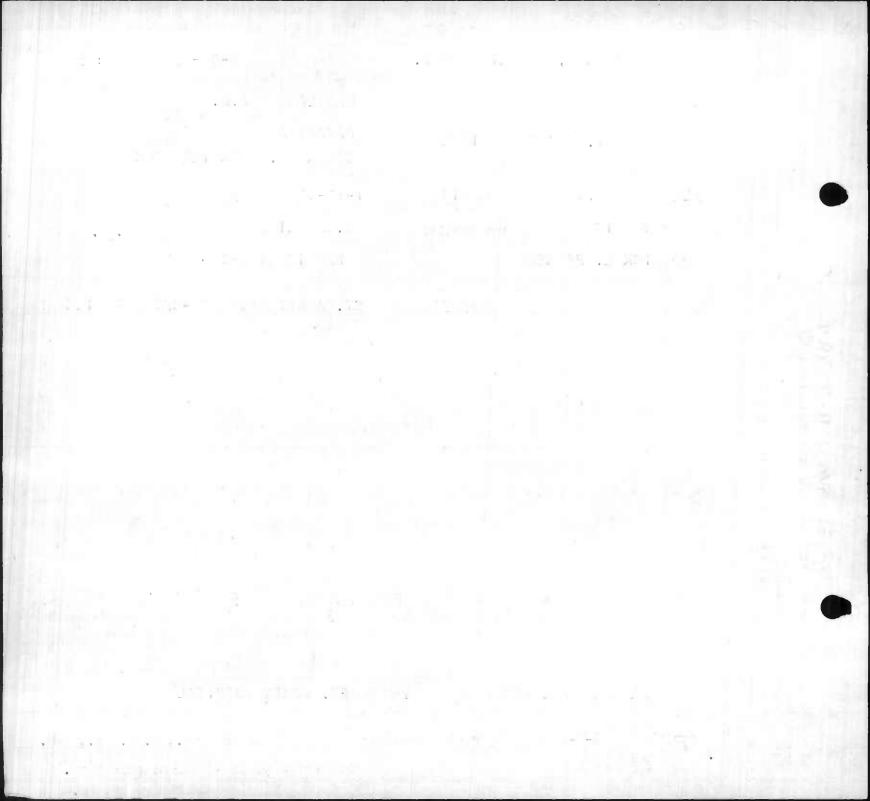
4001 Ritchie Hgwy.

Baltimore 25, Md.

Marguerite Gonce



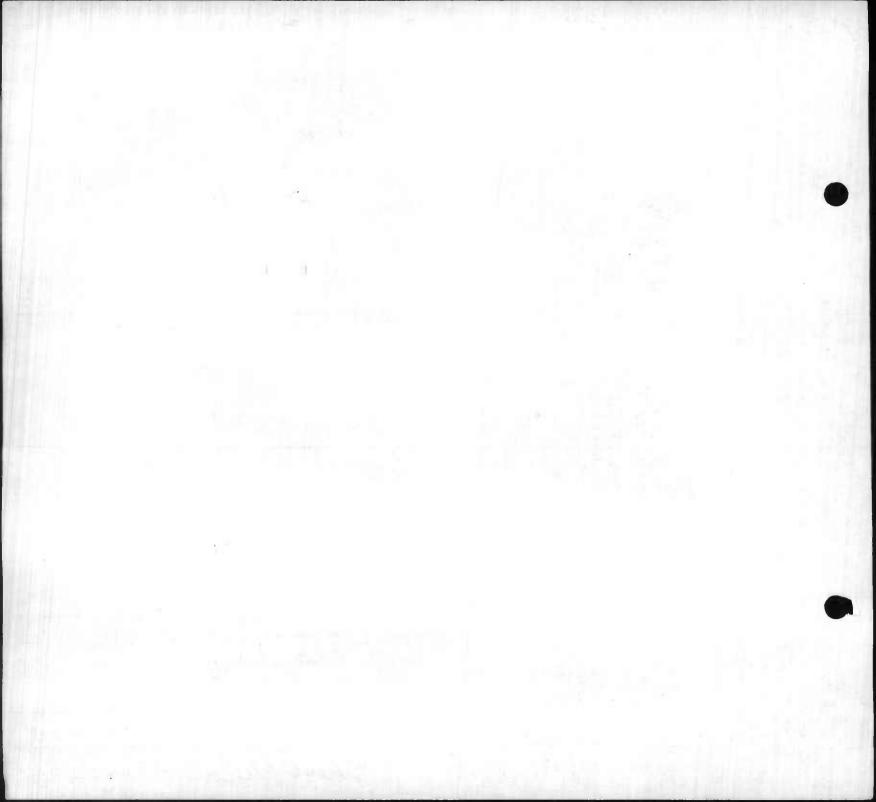
BALTIMORE CITY	HEALTH DEPARTMENT		65 0000
CERTIFICA	TE OF DEATH	Registered No.	OU ECUE
LINWOOD F.	2. DATE AP	2-26-65	3:45A
YLAND			stitution: residence before admissio
or institution, give street	MARYLAND	A.A.	S2-00) RURAL ond give township)
ES HOSPITAL			BEACH
7. AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA			
WIDOWED, DIVORCED (specify) MARRIED	1-12-12	53	If Under 1 Yr. If Under 24 He Months Doys Hours Min.
Automobiles			12. CITIZEN OF WHAT COUNTRY?
ER			
of service) SECURITY NO.	17. INFORMANT		ADDRESS
215052166		RECORDS -C	ATON & WILKENS
the disease, death.)  (B)  DUE TO  INY, giving stating the (C)  ONTRIBUTING TED TO THE (C)  ONTRIBUTION FOR WHICH OPERATION	Prosta	O) 208. IF YES, WERE	FINDINGS CONSIDERED
	NU or chaut 21C WHERE DID		e City, give exact location)
home, form, factory, street, off	fice bldg., INJURY OCCUR?		o ony, give exect reconent
(Hour) 21E INJURY OCCURRED  While At Not While Work At Work		JURY OCCUR?	
d olive on FEBRUARY 26. ed obove. (I) (We) (did) (did not) v  M.D. Alte Phys  GUERAS  M.D. 24C. NAME of CEMETERY of CRE	iew the bady after deoth.  Med. Director  ST. AGNES	Stoff HOSPITAL	23B. DATE SIGNED  2-26-65  ity, town, or county) (State)
5 Cedar Hill Cemete	25C. FUNERAL DIRECTO		
			more 25, Md.
	CERTIFICA  LINWOOD F.  PLAND  IT institution, give street  ES HOSPITAL  T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED  TOWNED, DIVORCED (specify) MARRIED  TOWNED  TOWNED  16, SOCIAL SECURITY NO. 215052166  CAUSE OF  CAUS	A USUAL RESIDENCE (Wh. A. STATE S. COUT MARYLAND  C. CITY OR TOWN (If ou PASADENA D. STREET ADDRESS (III CREEK DR.)  7. MARRIED, NEVER MARRIED WIDOWCED (specify) MARRIED D. STREET ADDRESS (III CREEK DR.)  7. MARRIED, NEVER MARRIED D. STREET ADDRESS (III CREEK DR.)  7. MARRIED, NEVER MARRIED D. STREET ADDRESS (III CREEK DR.)  7. MARRIED, NEVER MARRIED D. STREET ADDRESS (III CREEK DR.)  8. DATE OF BIRTH  1 - 1 2 - 1 2  108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fore N. CAROL INA  ER  14. MOTHER'S MAIDEN NA  FANNIE ET  15. SOCIAL SECURITY NO.  215052166 ST. AGNES F.  CAUSE OF DEATH  ECTLY  dying, e.g., the disease, deoth.)  109. MARYLAND  1-12-12  110. STREET ADDRESS (III CREEK DR.)  121. INFORMANT  ST. AGNES F.  CAUSE OF DEATH  ECTLY  dying, e.g., the disease, deoth.)  1218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?  etc.)  1218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?  etc.)  1218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?  etc.)  1218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?  etc.)  1218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?  etc.)  1218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?  1218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?  1228. NAME OF TREGISTRAN A.D.  123D. ADDRESS  ST. AGNES  23D. ADDRESS  ST. AGNES  24C. NAME of CEMETERY of CREMATORY  24D. III  22SC. FUNERAL DIRECTO	CERTIFICATE OF DEATH  LINWOOD F.  LINWOOD



## was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

05 9902	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 2203
BIRTH NO. 65 2203	CERTIFICA	TE OF DEATH	Registered Na	00 2200
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print) FINCH PLUME	=R		D HOUR OF DEATH	7:20a
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN		stitution: residence before admission
FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location) INSTITUTION	on, give street		side city limits, write R	URAL and give township)
3 Johns HOPKING HOS	PITAL		urol, give location)	Ave
MIDO WIDO	IED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH	AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working-life, even if retired)		north Ca	rolina	118.A
3. FATHERS NAME		ZINIE FIN		<i>-</i>
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown](If yes, give wor or doles of servi	16. SOCIAL SECURITY NO.	17. INFORMANT	/	ADDRESS
n,	CAUSE	Odersa D	Muster 214	Salmor al
DISEASE OR CONDITION DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
LEADING TO DEATH	(A)			
(This does not meon the mode of dying, heart failure, osthenia, etc. 11 means the dise	e.g., DUE TO	••••••••••••••••••••••••••••••••••••••		
injury ar complication which caused death.)				
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony, giverise to the above couse (A) stoting	the (C)	ecinoma of C	OLON	
UNDERLYING CONDITION loss.	( U)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	TING THE			
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21/C WHERE DID	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
(APPROX)	While At Work  Not Wh At Work			
22. I certify that (1) (this hospital) attend		4	65 to	2-25 1965
that (1) (we) last saw the deceased alive	an 2-25	19.65 and the	ot in (my) (aur) apir	nian death accurred an the c
and haur and fram the causes stated abav	e. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIONATURE			· /	23 B. DATE SIGNED
28C, PHYSICIAN'S	M.D. Ar	ys. Med. Director 23D. ADDRESS	Stoff Phys.	2-25-65
NAME (Type)	TO MI) MO	71	PRINTE HOS	PITAL
24A. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY of CI	REMATORY 24D. LC	71.00	y, town, or county) (State
Burel 3-1-1965	Arbutus	Cem.	Arbutus	m
MAR 1 1965	A E Jane M.A	25C FUNERAL DIRECTOR	1-1	ADDRESS A
1000 4000	~ -,	moy will	usou 100	1 Drawely a



contributing regular eath physician and (6) No physician was

o the hospital

he body was released

cause

FULL NAME OF

HOSPITAL OR

death.

0

prior

disposition is made

obtained before the remains are embalmed or final

in regular

deceased prior to death)

written approval must

24

a hospital

was D.O.A.

0

BALTIMONE TITY HEALTH DEPARTMENT 2204

CERTIFICATE OF DEATH

17

Registered No.

RECORDS: BCH: 4940 Eastern Avenue #21224

26, 1965

M.E. CASE NO.		CLI	
1. NAME OF DECEASED (Type or Print)	Julius	Gardner	J

oddress or location)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

(If not in hospital or institution, give street

Baltimore City Hospitals

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

2. DATE AND HOUR OF DEATH Febr

uar	У	26,	19	65	1	5:00	) A.
NTY	eceos	ed liv	ed. If	institution:	residence	before	odmission)

 4.	USUAL	RESI	DEN	ICI	(W)
A.	Mar	vla	nd	8.	cou
				_	

(If outside city limits, write RURAL and give township)

Baltimore

Baltimore, Maryland 21224			D. STREET ADDRESS	(If rurol, give location)	
			1832 N. Wa	1832 N. Washington Street 21213	
5. sex Male	6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	8-19-96	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	CCUPATION (Give kind a tot working life, even if re	of work 108, KIND OF BUSINESS OR INDUSTR'	North Caro		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHERS	elleris for sod Ever in U.S. Arm	relie Se	France	s Hand	4
15. Was Decea	sed Ever in U.S. Arms	or dotes of service)   16. SOCIAL   SECURITY NO.	17. INFORMANT	,	ADDRESS

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heal foilure, a sthemia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the  (C) Hypertension  Respiratory Arrest  5 Minutes  (A)  DUE TO  Massive Subarachnoid Hemorrhage  6 Hours  Unknown	18. 330X I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(This does not meen the mode of dying, e.g., healt foilure, osthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving		Respiratory Arrest	5 Minutes
DISEASES OR CONDITIONS, if ony, giving	heoil foilule, osthenio, etc. Il meons the diseose, injuly of complication which coused death.)	DUE TO	6 Hours
UNDERLYING CONDITION lost.	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the	DUE TO	Unkmown

TO THE DEATH BUT		THE		
9A. DATE OF OPERATION	198. CONDITION F	OR WHICH OPERATION	Yes or No)	208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
PIA. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notify medical exam	SE OF	21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)	obout 21 C. WHERE DID bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
OF INJURY (Month) (Do	y) (Yeor) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?

MEDICAL CERTIFICATION Not While (APPROX) Work 22. I certify that (I) (this haspital) attended the deceased from February

that (1) (we) lost saw the deceased alive an 10010417 20.	and that In(my) (our) opinion death occurred on the date
and haur and from the causes stated above. (1) (We) (did) (did not) view the body	after death.
23A. SIGNATURE	238. DATE SIGNED

	E.M.	Chale	M.D. Attending Phys.	Med. Stoff Phys.	February
23C. PHYSICIAN'S NAME (Type)			23D. ADDR		

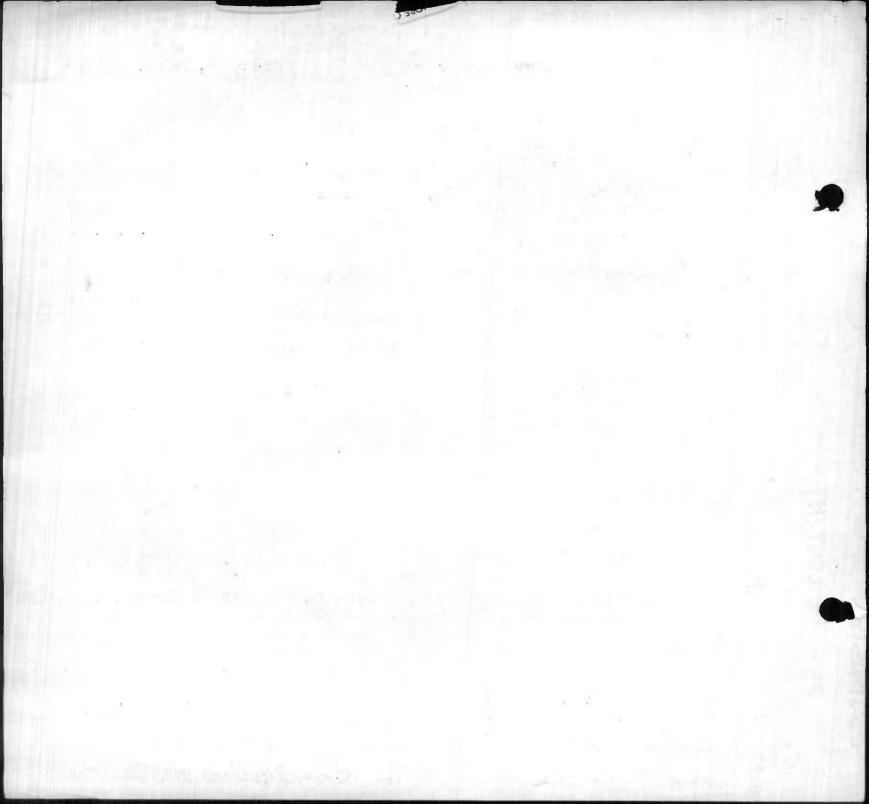
Dr. C. Robert Cooke M.D. 4940 Eastern Avenue Baltimore, Mary	rylar
--	-------

and the second second	21. 0.	1000010 00010	141. 0.	4 140	Das vern Avenue	bartimore, hary	Land
REMOVAL (Specify)	248. DATE	24C. NAME of CEMETE	RY OF SREA	MATGRY	24D. LOCATION	(City, town, or county)	(Stote)

A. BURIAL CREMATION,	248. DAIL	24C. NAME OF CEMETERT	or SKEMATORY	24D. LOCATION	(City, town, or county)
REMOVAL (Specify)		0 . 0 1		w .	
Busio	2-1-11/11-5	not Cu Leurs	11018	Britto	n (/
12/11/11/1/	1 -1 1600	I VOT I NA HAINAN	11111	4 / / / / /	INFX

258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65



VS 151-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

65 2205

								6-16 17 3 a f
BIRT	H NO.	MED	ICAL EX	CAMINER'S	CERTIFICATE	OF DEATH Res	gistered No	1-4K1UU
	CASE NO.						**	
Typ	NAME OF DECEA	SED	TIADDIO		2.	DATE AND HOUR PRONO		10 00 7
2 20			HARRIS	NIGER READ		February 2		10:00 P <sub>M</sub> .
3. P	DTIELCAT	T CODDE	THERE PRONOL	-11-65	A. STATE		COUNTY	ance Defore odmission
A	SPITAL OR	אורטאווין און	AL OR INSTITE	TION, GIVE STREET	Marylan	(If outside corporate limits,	write RURAL on	d give township)
	TITUTION	ADDRESS OR LOC.	A IION)				10	1)/
	Cr.	r. JOSEPH'S	HOCDITA	ΑT	Baltimo	Ye S (If rural, give location)	10	91
1	5.	I. JOSEIN S	HOSTIL	L				
5. S	EX  6.1	RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	Biddle Street_	eors   If Under	1 Yr. II Under 24 His.
	Male	Negro		DIVORCED (specify)	1 1 5	lost birthdoy)	Months, E	Doys Hours Min.
IOA			TOR VIND OF	BUSINESS OR INDUST	Upul 11-	te or foreign country)	12. CITIZE	N OF
		ung life, even if refired)	I OR NIND OF	BOSINESS OK INDOS	Dina	O A		COUNTRY?
12 8	ATHER'S NAME.				Titter	L n Caulus	el M	2 A
	0.0.1	+ 11	•		2.11	1.6.2		
5 1	Roteur	EVER IN U.S. ARME	NA	16. SO CIAL	17. INFORMANT	ucuson	ADDRESS	
		yes, give wor or dot		SECURITY NO.	17. INFORMANT	1	ADDRESS	0
		UE.	2		olanes.	Julton 20	n. Claic	with se
	1B. 9	9		CAU	SE OF DEATH			INTERVAL BETWEEN
		OR CONDITION D					T	DITTE AND DEATH
		Meon the mode o		MI	aniocerebral	injury		
	heort foilure, os	thenio, etc. It meon cotion which coused	s the discose,	DUE TO				1
			000000					- 1 A
		CONDITIONS IS		(B)				
	RISE TO THE A	BOVE CAUSE (A)	TATING THE	DUE TO			10	
z	UNDERLTING	CONDITION LAST.		(C)				
ERTIFICATION		11						
V	OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTION	NG				
THE		ONDITION CAUSIN		nc				
CER	600	PERATION 198, COI	NDITION FOR V	WHICH OPERATION	20A. AUTOPSY? ()	es or No. 208, IF YES, WE	RE FINDINGS CO	
10	2-24-65	5   h	ead ini	ury	Ye	s Y	es	
٧ ک	UNDERLYING TO	R CONTRIB-	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	office bldg., INJURY O	ERE DID (If in Boltimore Ci	ty, give exact loc	otion)
ш	UTING CAUSE	OF DEATH.	etc.)	Unknown		Unknown	0	0-00
			oi) (Houi) 2	TE. INJURY OCCURRE	21F. HOW	DID INJURY OCCUR?		
П	(APPROX.)	2 22 85	or w	VHILE AT NO	WHILE S	ustained head	injury	
	22.	4 . 1 1 1 1						14 154 154 154
		that I held on				not on this basis, deoth		
v	resulted	I from: Noturol co	ouses A	Accident Suic		Underermined in	diner ocus	
9	ACTUAL	111 3	2 61	1.		ICAL EXAMINER		DATE SIGNED
N	SIGNATUR	E PULL	140	M.		ICAL EXAMINER K		2 26 65
	EXAMINER	/ .		41 40	ASSOCIATE MED	DICAL EXAMINER		2-26-65
23 A	NAME (Typ.		John E	. Adams, M.D.	or CREMATORY	23D. LOCATION	(City, town, pg co	ounty) (State)
	AOVAL (Specify)	0 0	121	mak n	401	2 . 4	na	
240	Sures	2-1-	1965	valto 110	and	Dalto	mer	DD8555
24A	. DATE REC'D BY	D 1 100	24B. NAME	OF REGISTRAR	24C. EUNERAL	DIRECTOR	Al	DDRESS
	HIA	17 T 1300	Orber 5	E. Jones M.	+Callani	(n/1) 1/2-1	max By	and toute

Letter from M.E.'s office 5-11-65 M.H

the chief medical examiner

to the hospital

the body was released

This certificate must

Such

death.

prior

regular

eath

written approval must be obtained before the remains are embalmed or final disposition is made.

and (6) No physician was in regular

deceased prior to death);

at a hospital

was D.O.A. shows: (1)

etermined cause; (5) Decease

cause

contributing

or his assistant if death

a hospital

18TH NO. 65	2206	CERTIFICA	TE OF DEATH Registered No.	65 2206
M.E. CASE NO. NAME OF DECEASED Typo or Print)	Conrad	Baker	2. DATE AND HOUR OF DEAT February 28, 19	
PLACE OF DEATH IN	BALTIMORE, MARYLAN		February 28, 19 4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY Maryland	institution: rosidonco beforo odmissio
INSTITUTION B	altimore Cit 940 Eastern	Avenue	Baltimore D. STREET ADDRESS (If surel, give location)	o RURAL and give towns (p)
		ryland 21224	620 S. Macon Street	#21224
	hite w	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify) Single	8. DATE OF BIRTH 9. AGE (In years lost birthday) 9-25-85	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
one during most of working !	ile, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Brake	eman		Maryland	U. S. A.
3. FATHERS NAME Gusta	av Lierseman	n	Pauline Mundt	
5. Was Deceased Ever in res, no or unknown) (If yes,	U. S. Armed Forces? give was ar dates of s	security No. 212-10-1422	RECORDS: BCH: 4940 East	ern Avenue #21224
18. 331X	1		DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	CONDITION DIRECTL NG TO DEATH	Y (A) In	tercerebral Hemorrhage	10 Years and
	n the made of dying o, etc. It means the o	g, o.g., DUE TO		2 Weeks
injury or complication	n which coused deall	1	neralized Arteriosclerosis	10 Years
	NDITIONS, if ony,	DUE TO		······································
	e cause (A) sloli			
	CONDITIONS CONTE		Bacterial Pneumonia	2 Days
19A. DATE OF OPERA	TION 198. CONDITIO	N FOR WHICH OPERATION ED	NO 20 A. AUTOPSY? (Yos or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify modice	CAUSE OF	21B. PLACE OF INJURY (o.g., home, form, foctory, street, cetc.)	in or obout 21C. WHERE DID (If in Boltim ffice bldg., INJURY OCCUR?	nore City, give exact location)
	i) (Doy) (Yooi) (Ho	While At Nork At Work	21F. HOW DID INJURY OCCUR?	
		YVOIK - AI Work		

and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE

Attending Phys. M.D. 23D. ADDRESS Stoff Phys. XX

February 28, 1965

23 C. PHYSI CIAN'S NAME (Type)

Douglas G. Carroll

4940 Eastern Avenue Baltimore, 24C. NAME of CEMETERY OF CREMATORY

24A. BURIAL CREMATION, 24B. DATE 3-3-1965 Burial

Oak Lawn

Med. Director

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

Baltimore County, Maryland

25C. FUNERAL DIRECTOR

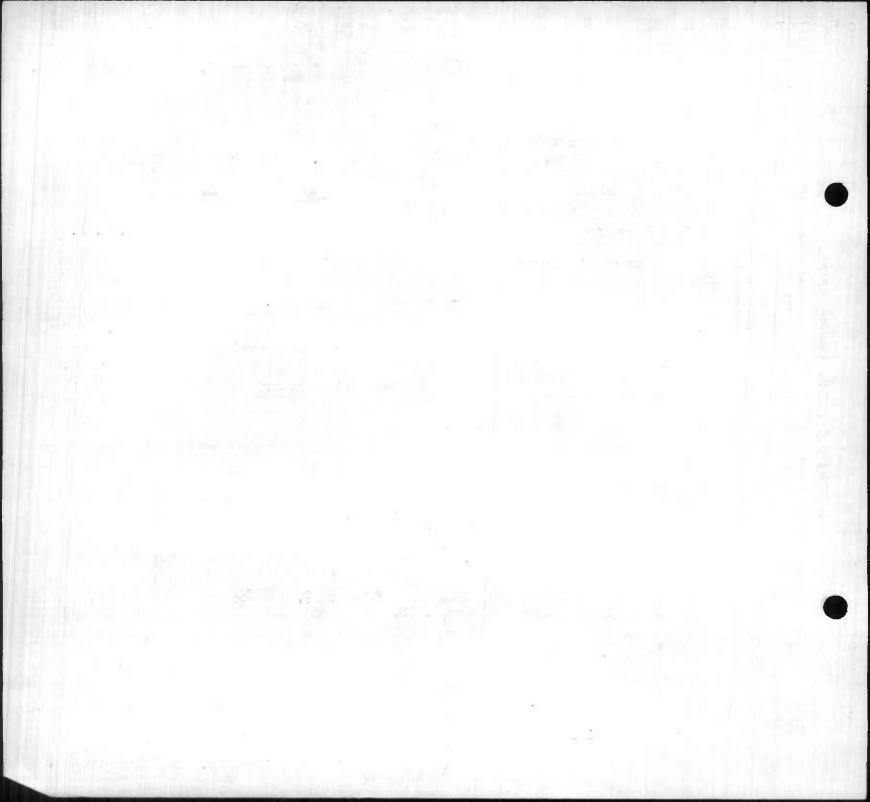
ADDRESS

Lilly & Zeiler Inc. 1901 Eastern Av

1901 Eastern Ave.

23B, DATE SIGNED

VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

0000	BALTIMORE CITY	HEALTH DEPART	MENT	CE OCCUM
BIRTH NO. 65 220'7	CERTIFICA	TE OF DE	ATH Registered Na.	65 2207
M.E. CASE NO.  1, NAME OF DECEASED (Typa or Print)  FRANZ	ELIZABE	TH 2	DATE AND HOUR OF DEATH	2/27/65
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDE	NCE (Whole docoosed lived. If in B. COUNTY	astitution: residence before admission
FULL NAME OF (If not in hospital at institution)  (If not in hospital at institution)		C. CITY OR TOW	N . (If outside city limits, write	RURAL and give township)
Maryland General	Hospital	D. STREET ADDRE	SS (If rural, giva location)	Ave
Female white wig	OWED, DIVORCED (specify)	B. DATE OF BIRTH	86 last birthdoys 48	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIN done during most of working life, even if refired)  Ret	oired Millner		tote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Valentine Frai	72	Caroli	ine Bengel	
5. Was Deceased Ever in U. S. Armed Farces? Yes, no ar unknown) (If yes, give war at datas of sar NO	vico) 16. SOCIAL SECURITY NO.	Leonora	ine Bengel  Hompfeldt (S	ester) Same
1B. /8/1.0 1	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) - A	Bladder	Carcinoma	
(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dis				60 000 00 000 0000 0000 000 000 000 000
injury or camplication which coused death.)  ANTECEDENT CAUSES	(8)	Urem	· ·	Water Control
DISEASES OR CONDITIONS, if any,	DUE TO			
rise to the obove couse (A) stoling UNDERLYING CONDITION last.		····		
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	none	(Yes at Na) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify madical examine)	21B. PLACE OF INJURY (e.g., in hame, form, factory, street, aff	at about 21 C. WHI ice bldg., INJURY	ERE DID (If in Baltima) DCCUR?	a City, give exact lacotion)
21D. TIME (Month) (Doy) (Yaai) (Haui) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Nat While At Wark		V DID INJURY OCCUR?	
22. I certify that (I) (this hospital) atten	ded the deceased fram	- 18	1965 to 2	. 27 1965
that (I) (we) last saw the deceased alive	an 2 - 27	19.65	and that In (my) (our) api	nion death accurred an the da
and haur and fram the causes stated aba	ve. (1) (We) (dld) (did nat) v	ew the bady aft	er death.	
23A. SIGNATURE Pralul 7. le	arsel. M.D. Allo	nding Me	d. Staff	2 . 27 . 65
23C. PHYSICIAN'S	, .	3D. ADDRESS	d. Staff Phys. N	2.21.00
NAME (Type)	M.D.	30. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CRE	MATORY	24D. LOCATION (C	ity, tawn, ai caunty) (State)
Burial 3-3-1965	Druid Ridge		Baltimore Coun	ty. Maryland
	_	25C. FUNERAL	DIRECTOR	ADDRESS
MAR 1 1965 OLC	ent E. Falley M.A	Lilly 8	Zeiler Inc. 19	Ol Eastern Ave.
10 3 40 mal				

Temale while single 12-17-22 15

valentine Franz Caroline Bengi

Leonar Hompford ....

Burden Comme

. Unmed

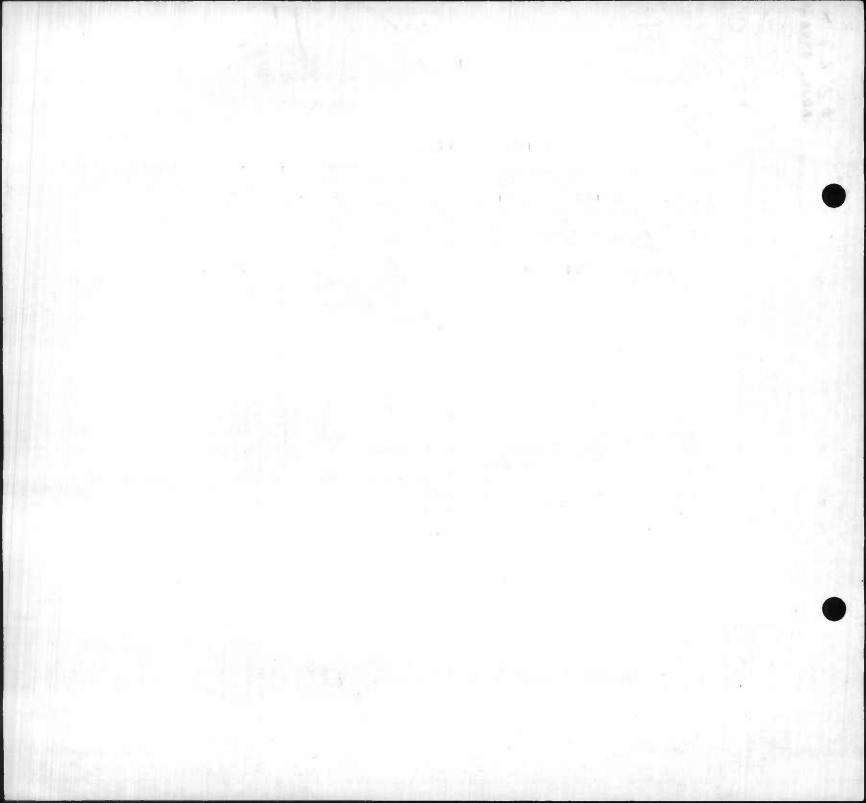
more

2 27 2 16

natur F. Warret

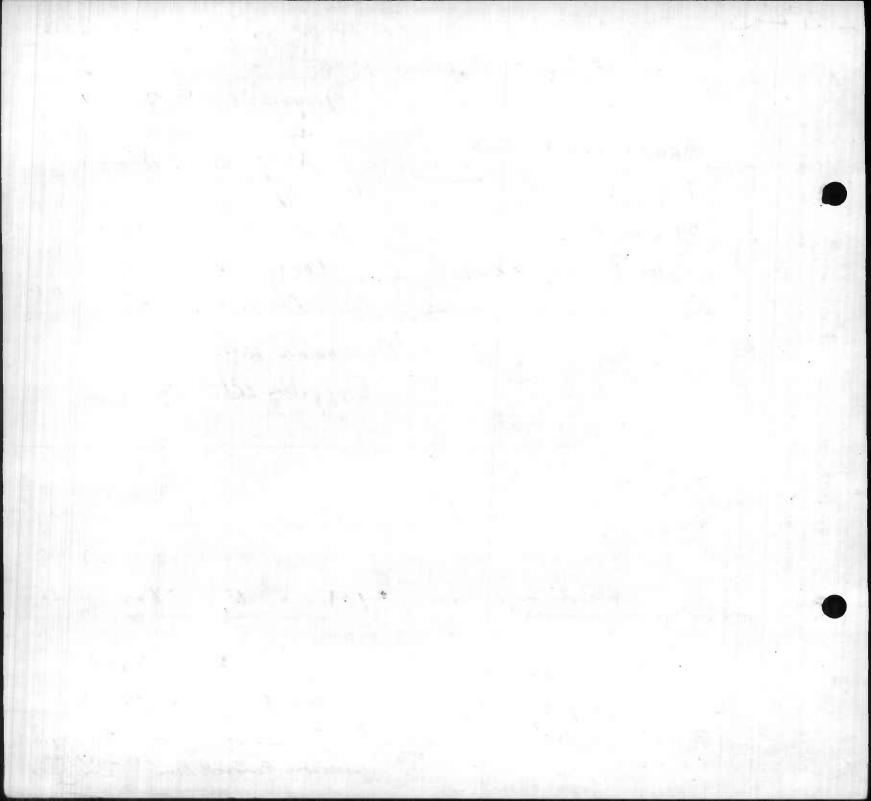
M 1. (T <sub>1</sub>	5. 10 do	1.5 (T	MOITA DISTRICT IN DICEASE
6	sposition is made.	Imed or final di	written approval must be obtained before the remains are embalmed or final disposition is made.
death. Such	was in regular attend the deceased prior to	nounced death attendance on	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
(5) Deceased	(4) Undetermined cause,	re of any kind;	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
use of death	it death occurred in a rect or contributing ca	or his assistant Also, if the di	This certificate must be approved by the chief medical examiner or his assistant it death occurred in a mospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
8 4 9 8		IMPORTAN	FUNERAL DIRECTOR: IMPORTANT
H			

				BALTIMORE CITY	HEALTH DEPARTMENT		65 9900
	H NO. 65	5 2208		CERTIFICA	TE OF DEATH	Registered Na	. 00 6608
	AME OF DECI	EASED /	-		2 DATE	AND HOUR OF DEATH	# /
	e or Print)	Hoch	ANNA	MARIE HOOK	2. 0.11	6 15 pm 2/	26/65 M
3. 1	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (VI	here deceased lived. If	institution: residence before admission)
	ULL NAME O			on, give street	MARYLAND		palto
	NSTITUTION	oddress or location	on)		11 6	00	RURAL and give township)
12		JOHNS HOP	KINS	HOSPITAL	D. STREET ADDRESS	(If rurol, give location)	53-00
-	/				Box 548.	RT. 14, SE	NECA PARK ROAD
5. 5	EX	6. RACE		ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Tr. If Under 24 Hrs. Months: Doys Hours Min,
	EMALE	WHITE	W	IDOW	12-10-91	73	
11		JPATION (Give kind of working life, even if retired)	KIND. KIND	OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (Stole or I	oreign country)	12. CITIZEN OF WHAT COUNTRY?
6		me			Ma.		
13.	FATHERS NAM				14. MOTHER'S MAIDEN N		
100		RLES NEIMA		11.6 500141	ANNA M	ARIE LINK	ADDRESS
(Te	was Deceased ,no or unknown	Off yes, give wor or dot	es of services	1 6. SOCIAL SECURITY NO.	Daughte	(same	as alione)
	1B. 49	3/1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DE			MALLUNGER	al Dangue	100
		ol meon the mode o			71900 1900 1000	a Jaruan	
		osthenio, etc. It meon aplication which cause		150,	1,0		1111
	/	ANTECEDENT CAUSE	S	(B)	juin	anany	/ W/C
		OR CONDITIONS, if			()		
		CONDITION last.	stanting	(0)			
z			CONTRIBU	TING / /	1 /	1111	
ATION	TO THE D	FICANT CONDITIONS FEATH BUT NOT REL CONDITION CAUSING	ATED TO	THE HEBATIC (	curhoses & l	Medery who	us Sours
IFIC/	19A. DATE OF	OPERATION 198. COI		OR WHICH OVERATION	20 A. AUTOPSY? (Yes or	No! 208. IF YES, WER	E FINDINGS CONSIDERED
CERTIFIC	21A. ACCIDEN	NT WAS UNDERLYING	7	218. PLACE OF INJURT (e.g., i	n or obout 21 C. WHERE DIC	(If in Boltim	ore City, give exact location)
AL.	OR CONTRIBU	TING CAUSE OF		home, form, factory, street, a	ffice bldg., INJURY OCCUR	?	
DIC	21 D. TIME	(Month) (Doy) (Teor)	(Hour)	21E. INJURT OCCURRED	21F. HOW DID	INJURT OCCUR?	
×	(APPROX.)			While At Work Not Whi	le		
	22. I certify	that (1) Ithis haspite	il) attende	ed the deceased fram/	2/74	19 61 ta	2/26 19 65
		last saw the deceas		2/-1/	19 / 65 and		pinian death accurred an the date
	and haur and	fram the causes sta	ated abave	. (1) (We) (did) (did nat)	view the bady after deat	h.	1 1
	23A. SIGNATU	IRE ( )	il /				238. DATE SIGNED
		ullus C	IN	taney M.D. AH		Stoff Phys.	0/26/60
	PHYSICIA NAME (T	M'S ypel		M.D.	23D. ADDRESS		/ /
24/		MATION, 24B, DATE	240	NAME of CEMETERY OF CR	EMATORT 24D	LOCATION (	City, town, or county) (State)
1	Busia	0 3-16	5	Laudon (	ark 1	Jalto.	Md-
25/	. DATE REC'D	BT HEALTH DEPT.	25B. NAA	AE OF REGISTRAR	25C. FUNERAL DIREC	TOR 21	ADDRESS
	W	IAR 1 1965	Rober	to E. Jankey M. M.	Jonnelle	1300 11/0	celle, (d)
VS	150-REV. 1/1/6	65	100				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance. FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY H	HEALTH DEPARTMENT	
BIRTH NO. 65 2209	CERTIFICAT	E OF DEATH ~ Regist	tered No. 65 2209
M.E. CASE NO.		2. DATE AND HOUR	OF DEATH 24
Type or Print) Linsen meyer	Catherine	Glorbett 2/2	3 165 10
PLACE OF DEATH IN BALTIMORE, MANYLAND		4. USUAL RESIDENCE (Where deceased	lived. If institution: residence before admission
		Maryland  Maryland	Battermone
FULL NAME OF (If not in hospital or institu			mits, write RURAL and give township)
INSTITUTION	the same of the sa	Bottim 1	Arbutus #27
Fine blin Sougne	Hosp.	D. STREET ADDRESS (If rurol, give	location)
Franklin Square		5509 11	Villys Ave
		DATE OF BIRTH 9. AGE (In	years   If Under 1 Yr., If Under 24 Hrs
Ti w wid	OWED, DIVORCED (specify)	16/11/0 lost birthdo	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10 B. KIN	ID OF BUSINESS OR INDUSTRY I	1. BIRTHPLACE (State or foreign country)	12, CITIZEN OF
one during most of working life, even if retired)			WHAT COUNTRY?
Office Work.		Maryland 4. MOTHER'S MAIDEN NAME	U.S. A
FATHER'S NAME			
John f. Linsen	mayer	Mary Cla	ork.
Was Deceased Ever in U. S. Armed Forces?	16/SOCIAL	7. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wor or dotes of ser		111 100 1/2.11	1 Fan R.11
18. // 0 % // 1	216-03-2270	DEATH DEATH	1 5923 Baffimure ALE
ケイジス	CAUSE OF	DEATH.	ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Pa	eumonia with	
(This does not mean the made of dying,	e.g., DUE TO	eumonen wern	
heart failure, asthenia, etc. II means the dis	ease,	- 01	
ANTECEDENT CAUSES	(B)	Empyema Et	
	DUE TO		
DISEASES OR CONDITIONS, if any, g		V V	
UNDERLYING CONDITION last.	***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIB			
DISEASE OR CONDITION CAUSING IT.		TAAA	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20B. IF	YES, WERE FINDINGS CONSIDERED
	loss by a construction of	100,	us.
21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE DF INJURY (e.g., in home, loim, foctory, street, office	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	in Boltimore City, give exact location)
DEATH (notify medical examiner)	etc.)		
21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCC	U R?
(APPROX)	While A1 Not While A1 Work		
22 1 25 1 1 1 1 1 1 1 1 1 1 1		1.3	2/22 11
22. I certify that (I) (this hospital) atten		1965	190
that (I) (we) last saw the deceased alive	on	19and that in(my)	(aur) apinion death accurred an the da
and haur and from the causes stated abo	ve. (1) (We) (did) (did nat) via	ew the bady after death.	THE STREET STREET
23A. SIGNATURE	,, ,		23B. DATE SIGNED
Bring K	M.D. Atten-	ding Med. Stoff Phys.	2/23/65
23C. PHYSICIAN'S	N-	D. ADDRESS	1-)
NAME (Type)	V' 70 M.D.	Him willia ?	Payana Hasnital
134 and Kor	Min	rankine	quare wesperal
4A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify)	4C. NAME of CEMETERY OF CREA	24D. LOCATION	(City, town, or (county) (Stote)
BURIA1 2-26-65	MEADOWRIDGE	fremeter DORSEY	Howard IVI ARYlan
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	Demely DORSEY	1328 CADDRESS JUR
MAR 1 1965 R	best E. Janber Hill	ambrose Funera	I home Spelly Rd
(\$ 150-PEV 1/1/65			



death

cause

contributing

cause; attend

etermined regular

(4) Und

any

of

fracture

Was

death 00

pronounced

who

physician

the

where

(except

(2) Body

nature;

of hospital death)

accident

hospital of

8

\_\_

occurred

(5) Deceased lance on the

Such

death.

prior

deceased

the

attendance

regular

Was

physician

ŝ

9

; and any

0

prior at

eceased

0

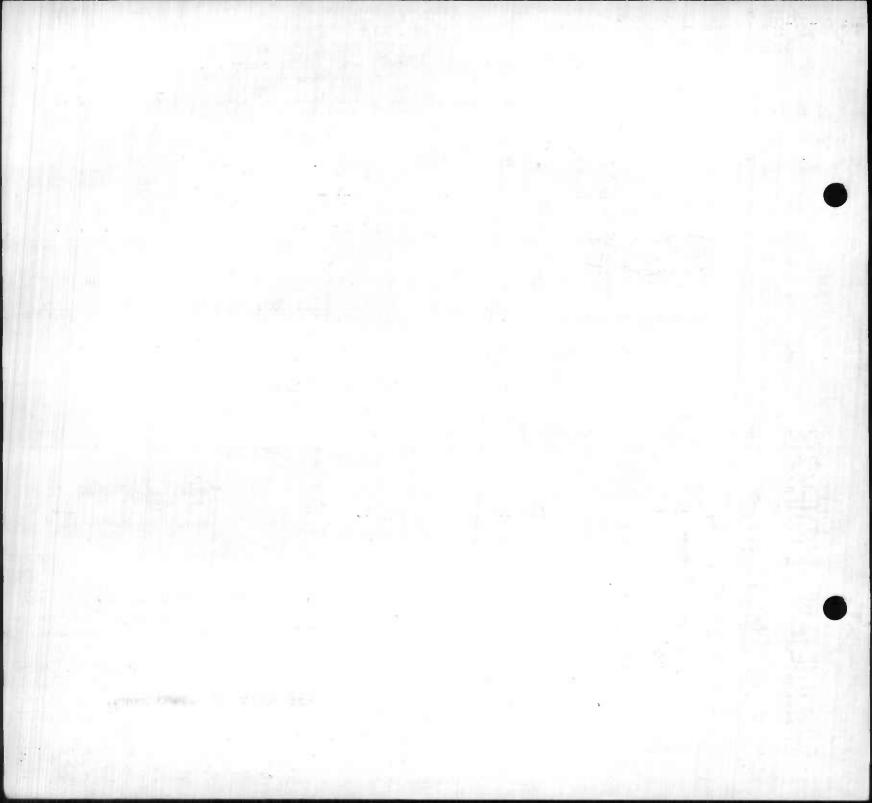
D.O.

the body

shows: Wds

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH RIPTH NO M.E. CASE NO. 65 2. DATE AND HOUR OF DEATH NAME OF DECEASED (Type or Print) February 26, 1965 Annie Weaver 4. USUAL RESIDENCE (Where decessed lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Maryland Ilf not in hespital or institution, give street FULL NAME OF HOSPITAL OF eddress er lecation) C. CITY OR TOWN (If outside city limits, write RURAL end give township) INSTITUTION Baltimore City Hospitals Raltimore D. STREET ADDRESS 4940 Eastern Avenue (If rure, give location) Baltimore, Maryland 21224 241 S. Bouldin Street 21221 is mad 7. MARRIED, NEVER MARRIED R. DATE OF RIRTH 9. AGE (In years If Under 1 Yr. Months: Devs 5. SEX 6. RACE If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) Female White 9-14-90 74 dowed 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fereign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of werking life, even if retired) U. S. A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1100 15. Was Decesed Ever in U. S. Armed Ferces? (Yes, no er unknewn) (If yes, give wer er detes ef service) 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. RECORDS: BCH: 4940 Eastern Avenue CAUSE OF DEATH INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH Pulmonary Embolism (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused deoth,) Diabetes Mellitus ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the remains UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 9A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or Ne) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes Diabetic Gangrene before 21 B. PLACE OF INJURY (e.g., in er ebout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Beltimere City, give exect lecetion) MEDICAL DEATH (netify medical exeminar) etc.) obtained 21 D. TIME 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR (Month) (Doy) (Year) (Hour) OF INJURY Net While While At (APPROX.) At Werk February February 26. 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an February 26. 65 and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 & DATE SIGNED Attending Med. Stoff M.D. Stoff Phys. XX February 26, 1965 Phys. Director L approval 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) Dr. Richard 4940 Eastern Avenue Lane M.D. Baltimore, Maryland 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, tewn, er ceunty) REMOVAL (Specify) written

and that in(my) (aur) apintan death accurred an the date 25A. DATE REC'D BY 258. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR 1300 nnelle VS 150-REV. 1/1/65



ROY

65-05861

HOWE

M.E. CASE NO.

24A. BURIAL CREMATION,

VS 150-REV. 1/1/65

REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

eceased

shows:

Was

decease

24B. DATE

26 FEB 65

258. NAME OF REGISTRAR

(Type or Pont)

Such

LO

BALTIMORE CITY HEALTH DEPARTMENT

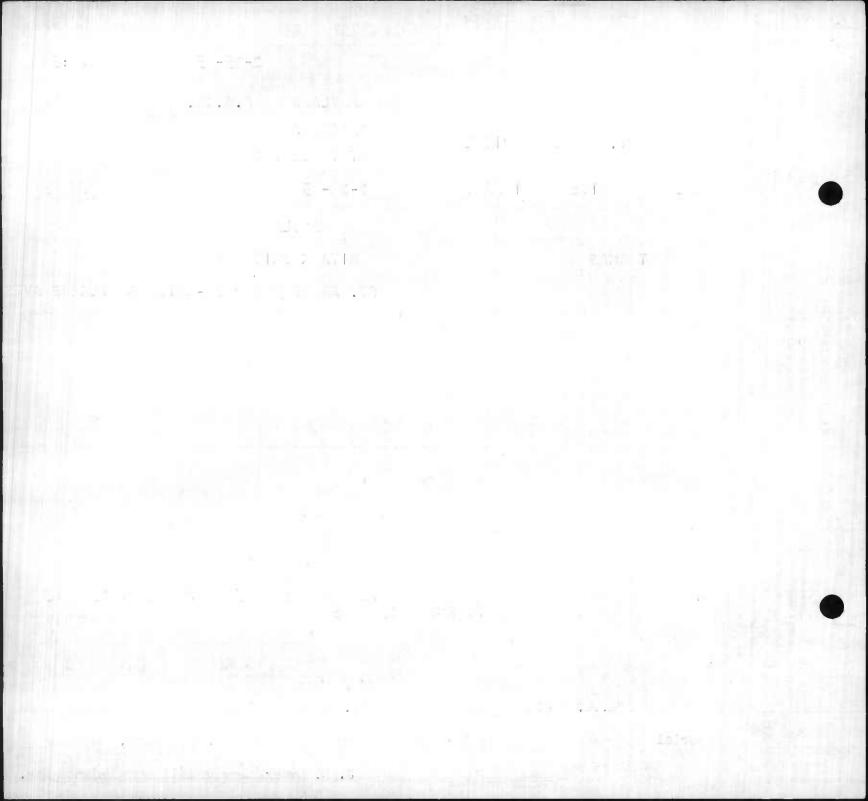
CERTIFICATE OF DEATH

If Under 24 Hrs. If Under 1 Yr. Hours 12. CITIZEN OF WHAT COUNTRY? AGNES RECORDS -CATON & WILKENS INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) FEBRUARY and that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED gnes Hospita 24C. NAME of CEMETERY of CREMATORY (City, town, or county) (Stote) Lorraine Park Cemetery Woodlawn Baltimore, Maryland FUNERAL DIRECTOR bemon 4611 Park Heights Ave.

Registered No.

2. DATE AND HOUR OF DEATH

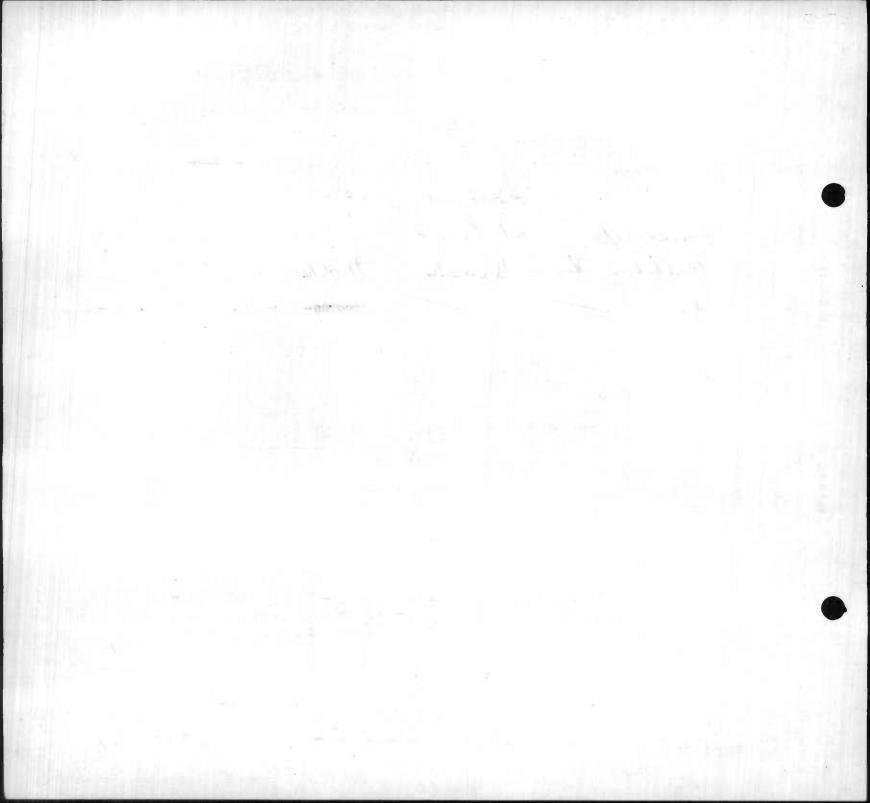
2-25-65



42-73-29		TY HEALTH DEPARTMENT
100 de 10	BIRTH NO. 65 2212 CERTIFICA	ATE OF DEATH Registered No. 65 2212
and and assed the the	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
-005	Lena Fietsch	February 26, 1965   5:30 PM
t o Doit	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before admission) A, STATE B, COUNTY
hos 156 (5) and dec	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	Maryland C. CITY OR TOWN (II outside city limits, write-RURAL and give lownship)
a he caus se; (; enda to d	Baltimore City Hospitals	
	4940 Eastern Avenue	Baltimore D. STREET ADDRESS (If rurol, give locotion)
70.2	Baltimore, Maryland #21224	4603 Clareway - #21324 2/2/3
th occurred contribution in regular paceased promise made.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WHOWED, DIVORCED (specily) Female White	8. DATE OF BIRTH  9. AGE (In years lost birthdoy)  5-27-87  9. AGE (In years Months Doys Hours Min.
ath occurs or contribution in regul	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
or c ndet s in dec	done sturing most of working life, even if retired)	Maryland USA
if deal set or t) Und was i the de positio	13. FATHER'S NAME	Maryland USA 14. MOTHERS MAIDEN NAME
# 5 € ¥ ± 0	Frilhelm Henry Krack	Welhowing Lohmin
	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service)	17. INFORMANT ADDRESS
Ssista the the dea dea final	No -	Records-BCH-4940 Eastern Avenue - 21224
POP is as any ced nda	18. / 4/4 /   CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
R: IMPC ner or his cer. Also, i cture of an pronounce lar attend ibalmed or	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	
0 4 4 5 0 5	(This does not meon the mode of dying, e.g., DUE TO	cinoma of the Mouth
ECTOR: examiner xaminer y A fractur who pror r regular are embal	heart loiture, asthenia, etc. It means the disease, injury or complication which coused death.)	
ECTOR: examiner. xaminer. A fractu who pre regular	ANTECEDENT CAUSES (B)	
ECT( exami xami xami y A fr who who	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)	
2 1 0 C = 1 s	UNDERLYING CONDITION lost.	
Medical beliand by sicial massimal mass	Z CTUES SCAUSICANY CONTRACTORS CONTRACTORS	
E O O T E E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ZEOOFIST	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
- == = = = =	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, lorm, lactory, street, etc.)	, in or obout 21 C. WHERE DID (II in Bolhimore City, give exact location) office bldg., INJURY OCCUR?
ved by the hospital nature; espt who d (6) Nc ained be ained be	OF INJURY  (Month) (Doy) (Year) (Hour)  21E, INJURY OCCURRED  While At   Not W	21F. HOW DID INJURY OCCUR?
roved he hos y natu xcept and (6	Work At Wo	
0 80	22, 1 certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased give on	/ P
5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -		
t be a sed to not of pital eath) ust bu	ond haur ond from the causes stoted obove. (1) (We) (did) (did nat)	238, DATE SIGNED
must eleas ccide a hos al m	Chalis M.D. A	Attending Med. Stoff Phys. X 2-26-65
A - A >	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
ficate was A. at prio	Dr. Douglas Carroll M.	4940 Eastern Avenue- #21224
£ >= 0 0 0 0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	24D. LOCATION (City, town, or county) (Stole)
is cer ows: as D.	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERALI DIRECTOR ADDRESS

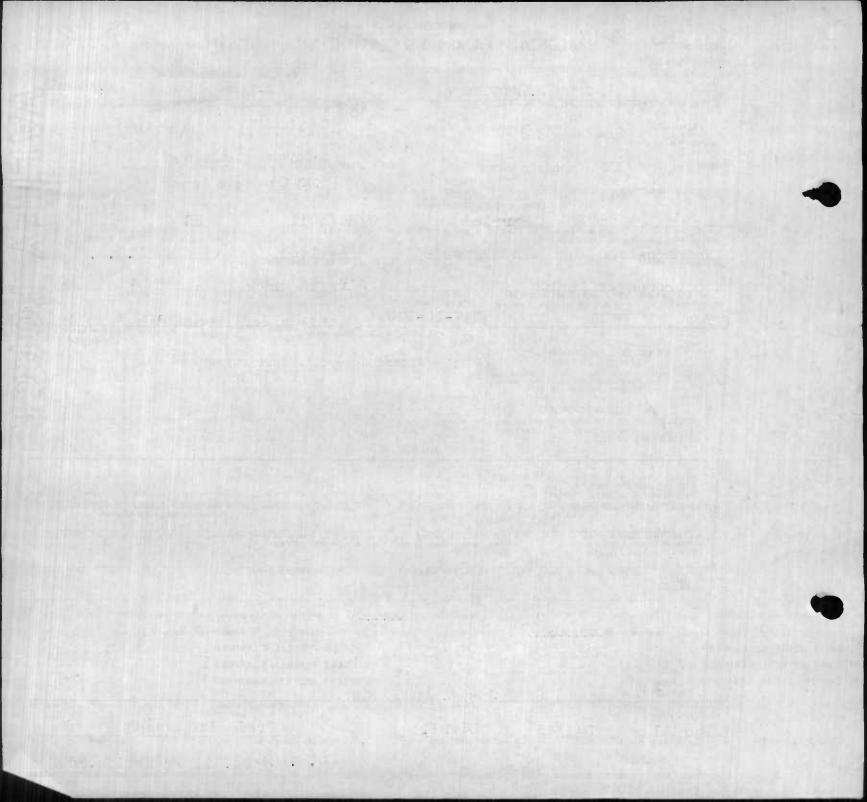
VS 150-REV. 1/1/65

ERE FINDINGS CONSIDERED CAUSES OF DEATH? imore City, give exact location) 2-26 19 65 opinion death occurred on the date 23 B. DATE SIGNED 2-26-65 (City, town, or county) (Stole)



Frederick, Md CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFIC DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Yes EDICAL 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimore City, give exact location) hame, form, factory, street, office bldg., INJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Year) OF INJURY WHILE AT NOT WHILE 22. I certify that I held on Inquiry AutopsyX Inspection ond that on this bosis, death in my opinion resulted from: Natural causes X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL MED. ASSISTANT MEDICAL EXAMINER SIGNATURE 2-25-65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) John E. Adams, (Stote) 23A. BURIAL CREMATION. 23B. DATE 23C. NAME OF CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specify) Md Frederick County 65 HopeHill Burial 248 NAME OF REGISTRAR 24C. FUNERAL DIRECTOR C.E. Hicks, 111 Frederick, Md

VS 151-REV. 1/1/65



## death IMPORTANT assistant or his the chief medical examiner FUNERAL DIRECTOR: by be approved

hospital

occurred

the direct

Also,

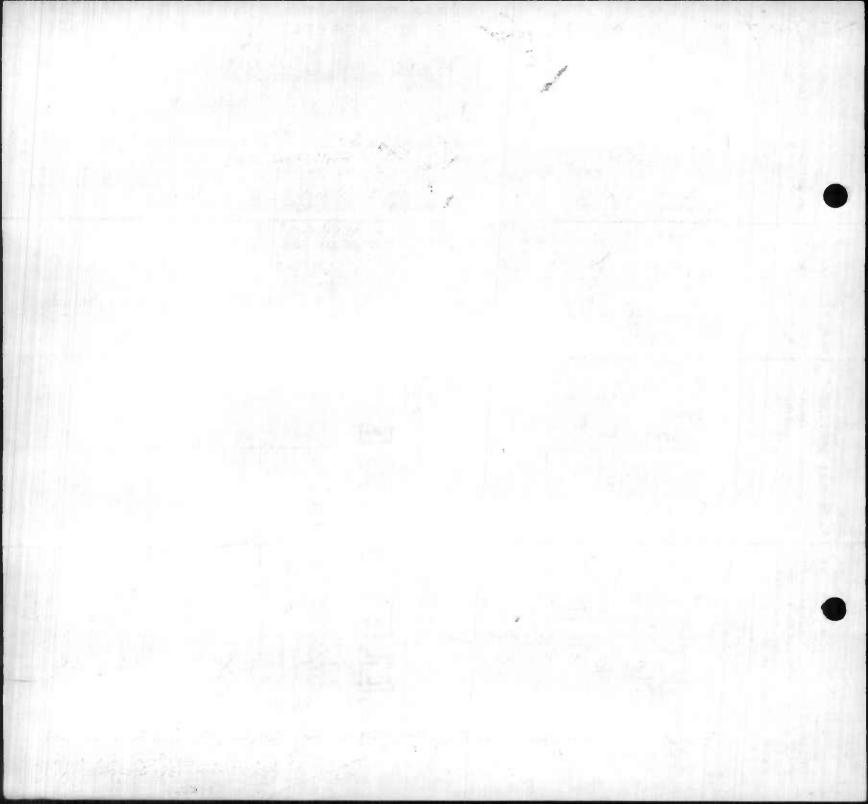
medical

0

the body was released to the hospital by

certificate must

BALTIMORE CITY HEALTH DEPARTMENT Registered No. RTIFICATE OF DEATH BIRTH NO. rect or contributing cause of death (4) Undetermined cause; (5) Deceased on the SCO M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 6 60 65 death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND attendance A. STATE B. COUNTY CIDLY DOM FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) 0 prior O. STREET ADDRESS (If rurel, give location) FAILSTON ROAD regular made 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) lost birthdoy) Hours IDA USUAL OCCUPATION (Give kind of work 108, KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition = done during most of working life, even if retired) RGINIA NSA OUSEWIFE Was 14. MOTHERS MAIDEN NAME 13. FATHER'S NAME the death HO 15. Was Deceosed Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT ADDRESS 6. SOCIAL final SECURITY NO. attendance N any INTERVAL BETWEEN CAUSE OF DEATH pronounced OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. Il means the disease, 10 injury or camplication which caused death.) regul ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, 3 ise to the above cause (A) stating the physician remains UNDERLYING CONDITION last. Was burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CATION TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the Body 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 208. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION the CERTIFI IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 2 (If in Boltimore City, give exact location) where °Z DEATH (notify medical examiner) etc. of any nature; MEDIC obtained 21 O. TIME 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 9 OF INJURY (except Not While [ While At (APPROX) and 26 FEDRURY 1995 10. 22. I certify that (1) (this hospital) attended the deceased from... that (1) (we) lost sow the deceased alive on 2 G GARYARY 65 19 ...ond that in (my) (our) opinion death occurred on the date hospital death) ond hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. must An accident 238. DATE SIGNED 23A. SIGNATURE Attending Med. M.O. 0 Phys. Director written approval 0 23C. PHYSTCIAN'S 23D. ADDRESS prior to NAME (Type) M.D. shows: (1) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased was D.O. REMOVAL (Specify) Friendship Methodist Cometery FAllston, HAr ford 6, Myry Bud MArch 1,1965 Burial 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65



## FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

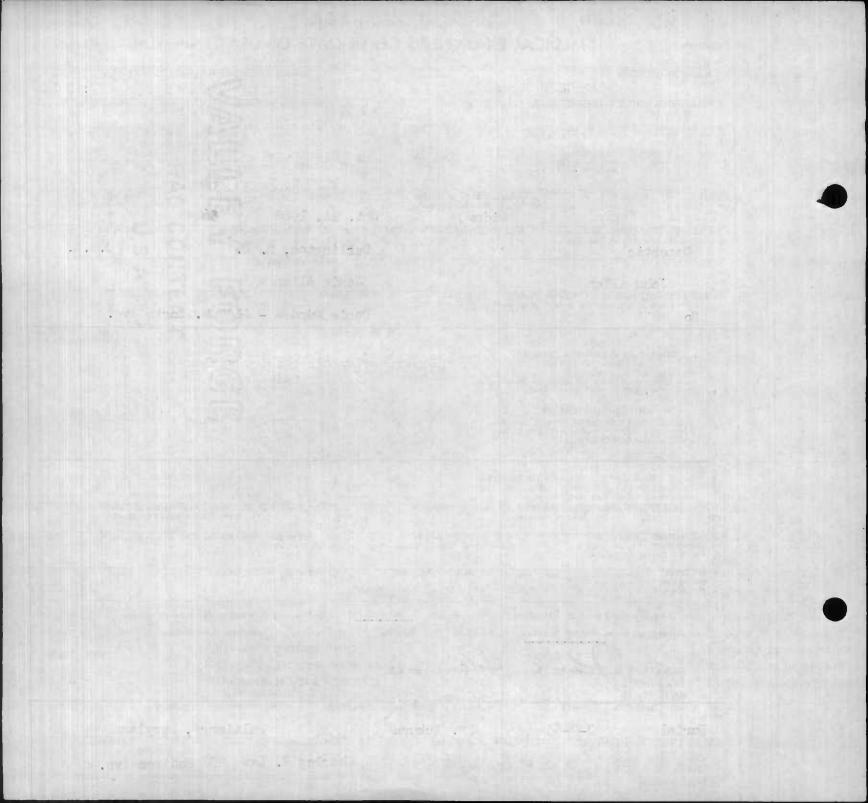
102141105 9945	BALTIMORE CIT	Y HEALTH DEPARTMENT	(	5 2215 0
BIRTH NO. 6336014 65 2215	CERTIFICA	TE OF DEATH	Registered No.	
M.E. CASE NO.  I, NAME OF DECEASED	OEKTII TO		D HOUR OF DEATH	
(Type or Print)		D.I.	1	710 0
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When A. STATE B. COUN		titution: residence before odmission)
FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR oddress or location) INSTITUTION	ve street	C. CITY OR TOWN (IF out	side city limits, write R	URAL and give township)
		Baltim	ore.	
Mence Hospital		D. STREET ADDRESS (III	rurol, give location)	Ano
	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
m N	Jins	12-17-63	14 me	
IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
garant .	_	BAltimor	e Md	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Manual Alives		5-1-1	B. 44.00	
15. Wos Deceosed Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT	10 est th	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	cal Non	. O. n	1. 1. 1 20
18. // 6/	CAUSE	OF DEATH	, 700 14 19	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A)	3 RONCHO PNE	AF GOMU-	6 days
(This does not mean the made of dying, e.g.,	DUE TO		***************************************	
hearl failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, giving	DUE 10			11 11 11 10 2
rise to the abave cause (A) stating the UNDERLYING CONDITION lost.	(C)	***************************************	***************************************	
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		ia		chanic
	THICH OPERATION	20A. AUTOPSY? (Yes or No	OR IE VEC WERE	INDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAL	ISES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltimore	City, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	e At Not Wh			
22. I certify that (1) (this haspital) attended th			1965 to Fa	ch 27 19 65.
that (I) (we) lost saw the deceased alive on	Feb 27			nion death occurred on the date
and hour and from the causes stated abave. (1)	(We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE			/	238. DATE SIGNED
( ward heel w)	M.D. At	ys. Med. Director	Stoff Phys.	7/27/65
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS		1
24A. BURIAL CREMATION, 24B. DATE 24C. NA	M.D	<u> </u>	OCATION (Cit	y, town, or county) (State)
REMOVAL (Specily)	WIL OF CENTETERS OF C	240. [	CATION (CI	y, town, or county) (State)
	t. Auburn	Ba.]	timore, Mar	yland
MAR I 1965 Robert E. Fa	Prey M. A	Charles R. I		ison Ave.
VS 150-REV. 1/1/65				

Nine Sander Aless Fee Degradies

BALTIMORE CITY HEALTH DEPARTA	AFNT

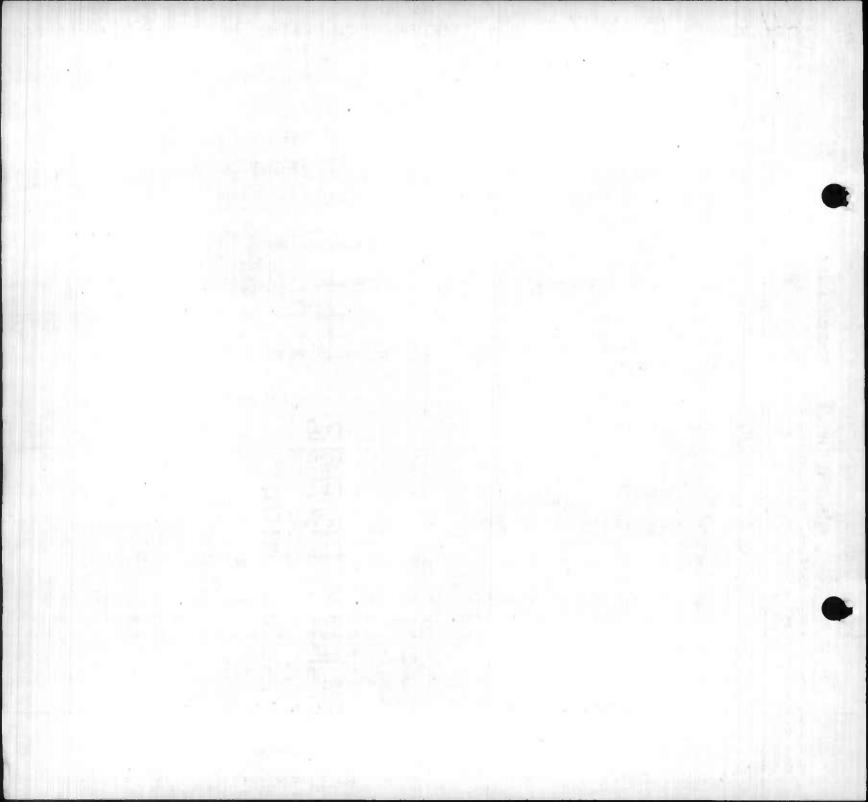
65 2216

	rh NO.	MED	ICAL EX	CAMINER'S CE	RTIFICAT	TE OF DEATH Regist	ered Na.	
-	E CASE NO.	CEASED				2. DATE AND HOUR PRONOUNG	CED DEAD	
1. NAME OF DECEASED (Type or Print)  CHELLIE TAYLOR				R	February 26, 1965 2:05 P.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY  Maryland			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION					c. city or town (if outside corporate limits, write RURAL and give township)  Baltimore			
1130 W. North Avenue				nue	D. STREET ADDRESS (If rural, give location)  1130 W. North Avenue			
5. SEX Female		6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		B. DATE OF BIRTI	H 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	
		1		COW F BUSINESS OR INDUSTRY			12. CITIZEN OF	
dane during most of working life Domestic		warking life, even if retired)				ton, S. C.	WHAT COUNTRY?	
13.	FATHER'S NAM				14. MOTHER'S MAIDEN NAME			
	Jol	nn Allen			Janie Allen			
15,		D EVER IN U.S. ARME	FORCES?	16. 50 CIAL	17. INFORMANT ADDRESS			
(Ye	No or unknown	),(If yes, give war ar dat	es of service)	SECURITY NO.	Danie D	indee - 1130 W. No	rth Ave.	
-	1B. 11.0	4-1		CALLSE	OF DEATH		INTERVAL BETWEEN	
CERTIFICATION	(This does not mean the made of dying e.g., heart failure, osthenia, etc., it means the disease, injury or complication which caused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.							
CERTI	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes of No.)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?						JSES OF DEATH?	
EDICAL	21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID (If in Boltimore City, give exact location) UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B, PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID (If in Boltimore City, give exact location) home, farm, foctory, street, affice bldg., INJURY OCCUR? etc.)							
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.)  WHILE AT WORK  AT WORK								
		VER'S	Inquiry 🗌	InspectionAut	apsy A and Hamici CHIEF M ASSISTANT M	d that on this basis, deoth in de Undetermined manied EDICAL EXAMINER EDICAL EXAMINER EDICAL EXAMINER		
	BURIAL CRE	MATION, 23B. DATE		C. NAME of CEMETERY O	CREMATORY	23D. LOCATION (Cit	y, tawn, ar caunty) (State)	
	Burial	3-2-6		Mt. Auburn		Baltimore, N		
24	MAR 1	1965 Ralsey		OF REGISTRAR		es R. Law 802 Mad	Address lison Ave.	



	FUNERAL	DIRECTOR:	FUNERAL DIRECTOR: IMPORTANT	41	3.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the cause of the death. Such deceased prior to death. Such	ad by the chief mediospital by a medinature; (2) Body burner the physican w	lical examiner. cal examiner. hs; (3) A fractur. ician who pron	or his assistant if death Also, if the direct or e of any kind; (4) Under counced death was in attendance on the dec	contributing cause of defermined cause; (5) December attendance on regular attendance on seased prior to death.	and Geath Cased
William approve most pe contra	Hed betole me lem	dills die ciiin	יייייייייייייייייייייייייייייייייייייי		2

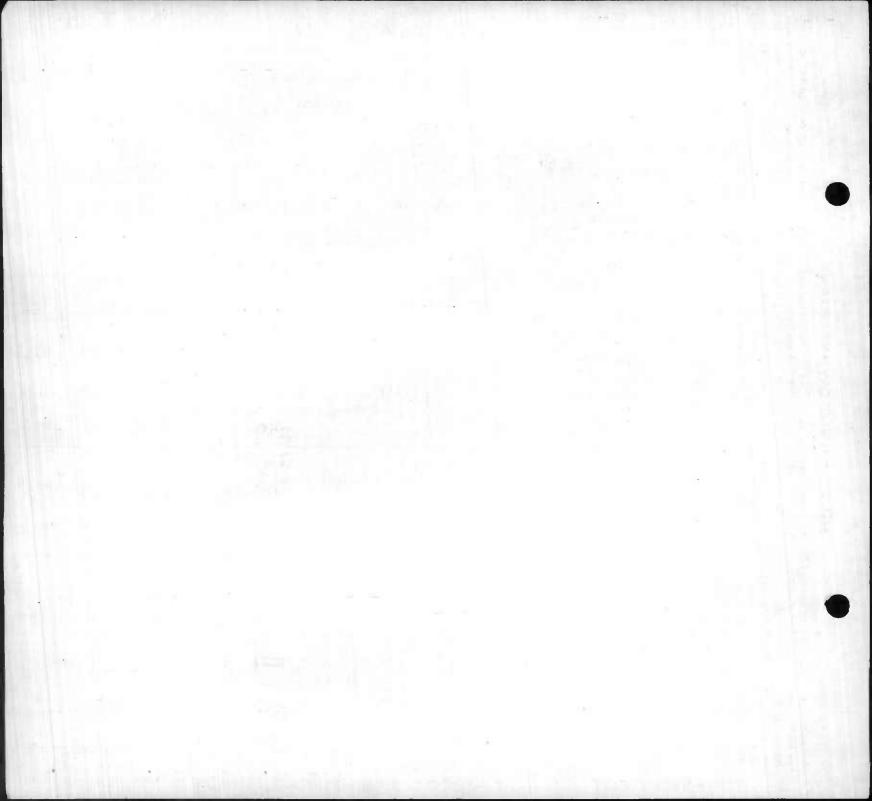
	CO 1304			CATEOE	DEATH	Registered No	-65	2217
-	2217		CERTIFI	CAILOF	PLAIII			1-1-1-3
M.E. CASE NO.					2. DATE A	AND HOUR OF DEAT	Н	
Type or Print)	BIEGLER,	JOSEPH			Feb	ruary 26,19	65   9:	20 P.
B. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL A. STATE	RESIDENCE (WI	here deceased lived. If	institution: resider	nce before odmis:
FULL NAME C	F (If not in hospital	or instilution	nive street				70	4
HOSPITAL OR	oddress or location	n)	give silver	c. CITY OR	TOWN (If	outside city limits, writ	RURAL ond give	township)
				Ba	ltimore			
St. Jos	seph Hospital			D. STREET	ADDRESS	If rural, give lacation)		
				27	20 Matth	ew Street		
5. SEX	6. RACE		NEVER MARRIED D, DIVORCED (speci	B. DATE OF	BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Y Months: Doy	r. If Under 24 s Hours Mi
Male	White		ried	2/10	/89	76		
	UPATION (Give kind of work	108. KIND O	F BUSINESS OR IND			reign country)	12. CITIZEN	OF OUNTRY?
Barber	working life, even if retired)	Retir	5.00	Ger	rmany			S.A.
3. FATHER'S NA	ME	Ue off.	eu		R'S MAIDEN N	AME		00110
		Dia	orl on		Unkn			
	nown		gler					
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed For Off yes, give wor or dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORM	ANT 9638	Oak Summ	it Avenu	e 21234
no		212	07 3792	Mr. J	John W.	Fink Sr.		
18. 44.0	1 / 1			SE OF DEATH				RVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY					ONS	ET AND DEATH
	LEADING TO DEATH							
				Mareminal	Dwanahan			
(This does n	not mean the made of	dying. e.n.	(A) DUF T	Terminal	Bronchop	neumonia		0.0740000000000000000000000000000000000
heart failure,	aslhenia, elc. Il means	the disease,	DUE T	Terminal	Bronchop	neumonia		
heart failure, injury ar can	asthenia, etc. It means aplication which caused	the disease, I death.)				neumonia		0.14.401.04.04.000.000.000.000.000.000.0
heart failure, injury ar can	asthenia, etc. Il means	the disease, I death.)	(A) DUE T (B) DUE T		Bronchop	neumonia		
heart failure, injury ar can	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, death.)	(B)	Ö	######################################			
heart failure, injury or can  DISEASES ( rise to 1h	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A)	the disease, death.)	(B)	Ö	######################################	neumonia		
heart failure, injury or can  DISEASES (	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, death.)	(B)	Ö	######################################			
heart failure, injury ar can  DISEASES ( rise to Ih  UNDERLYIN)	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION lost.	s the disease, I death.) any, giving stating the	(B) DUE T	Ö	######################################			
DISEASES (isse to Ih UNDERLYIN)  OTHER SIGN TO THE D	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last.	any, giving slating the	(B) DUE T	Ö	######################################			
DISEASES (isse to the UNDERLYING TO THE DISEASE OR UNDERLYING TO THE DISEA	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION lost.  II IFICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING COPERATION [198, CON	any, giving stating the CONTRIBUTINATED TO THE	(B) DUE T	0	00000000000000000000000000000000000000	No) 208. IF YES, WER	E FINDINGS COI	NSIDERED
DISEASES (isse to the UNDERLYING TO THE DISEASE OR UNDERLYING TO THE DISEA	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last.  II CONDITIONS CEATH CONDITIONS CEATH BUT NOT RELACONDITION CAUSING	any, giving stating the CONTRIBUTINATED TO THE	(B)	0		No) 208. IF YES, WER		NSIDERED IH?
DISEASES ( rise to lh UNDERLYIN:  OTHER SIGN TO THE OF  DISEASE OR  19 A. DATE OF	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) 3 CONDITION lost.  II IFICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING OPERATION 198. CON WAS PER	any, giving slating the CONTRIBUTINATED TO THE CONTRIBUTION FOR FORMED	(B) DUE TO (C) G HE WHICH OPERATION R PLACE OF INJURY	20 A. AU	TOPSY? (Yes or ) NO C. WHERE DID	No) 208. IF YES, WER IN CERTIFYING (	E FINDINGS COI	rH?
NOOL DISEASES (rise to lh UNDERLYIN' OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIBUTION OR CONTRIBUTI	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slating the CONTRIBUTINATED TO THE CONTRIBUTION FOR FORMED	(B) DUE T  (C)  G HE  WHICH OPERATION  B. PLACE OF INJURY no, form, foctory, str	20 A. AU	TOPSY? (Yes or ) NO C. WHERE DID	No) 208. IF YES, WER IN CERTIFYING (	E FINDINGS COL	rH?
DISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19 A. DATE OF OR CONTRIBUTE OF OR CONTRIBUTE OF THE CONTRIBUTE OF T	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) 3 CONDITION lost.  IFICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING OPERATION 198. CONWAS PER NT WAS UNDERLYING DAUGE OF medical examiner)	any, giving stating the CONTRIBUTINATED TO THE CONTRIBUTION FOR FORMED	(B) DUE TO (C) G G HE WHICH OPERATION R. PLACE OF INJURY ne, form, foctory, str.)	20 A. AU' (e.g., in or obout 21 eet, office bldg., IN	TOPSY? (Yes or ) NO C. WHERE DID JURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING (	E FINDINGS COL	rH?
NOTHER SIGN TO THE DISEASE OR CONTRIBUTED OR CONTRIBUTED OF TOTAL THE DISEASE OR TOTAL THE DISEASE OR TOTAL THE DISEASE OR CONTRIBUTED OR CONTRIBUTED OF TOTAL THE DISEASE OF TOTAL THE DISEA	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slating the CONTRIBUTINATED TO THE CONTRIBUTION FOR FORMED    CONTRIBUTION FOR FORMED   216   16   16   16   16   16   16   1	(B) DUE TO (C) G HE WHICH OPERATION B. PLACE OF INJURY ne, form, foctory, str.)	20 A. AU  (e.g., in or obout 21) eet, office bldg., IN.	TOPSY? (Yes or ) NO C. WHERE DID JURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING (	E FINDINGS COL	rH?
DISEASES ( rise to Ih UNDERLYIN'  OTHER SIGN TO THE DI DISEASE OR  19 A. DATE OF  21 A. ACCIDE OR CONTRIBI DEATH (noify)	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) 3 CONDITION lost.  IFICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING OPERATION 198. CONWAS PER NT WAS UNDERLYING DAUGE OF medical examiner)	any, giving slating the CONTRIBUTINATED TO THE CONTRIBUTION FOR FORMED    CONTRIBUTION FOR FORMED   216   16   16   16   16   16   16   1	G HE WHICH OPERATION  R PLACE OF INJURY me, form, foctory, str.,)  INJURY OCCURRE	20 A. AU' (e.g., in or obout 21 eet, office bldg., IN	TOPSY? (Yes or ) NO C. WHERE DID JURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING (	E FINDINGS COL	rH?
DISEASES ( rise to Ih UNDERLYIN'  OTHER SIGN TO THE OF DISEASE OR  19 A. DATE OF  21 A. ACCIDE OR CONTRIBI DEATH (nohify  10 TIME OF INJURY (APPROX.)	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) 3 CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving stating the CONTRIBUTINATED TO THE CONTRIBUTION FOR FORMED  (Hour) 21E  WW. We	G SPLACE OF INJURY ne, form, foctory, str.)  INJURY OCCURRE nile At Noork	(e.g., in or obout 21) eet, office bldg., IN.  D 21 t While Work	TOPSY? (Yes or ) NO C. WHERE DID JURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING ( (If in Bollim	RE FINDINGS COL CAUSES OF DEAT	[H?
DISEASES ( rise to Ih UNDERLYIN'  OTHER SIGN TO THE DI DISEASE OR  19 A. DATE OF  21 A. ACCIDE OF CONTRIBI DEATH (noify LEATH (noify LEATH (APPROX.)  22. I certify	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) 3 CONDITION lost.  IFICANT CONDITIONS CEATH BUT NOT RELACE CONDITION CAUSING OPERATION 198. CONWAS PER NT WAS UNDERLYING DAUGE CAUSE OF medical examiner)  (Manth) (Day) (Year)	any, giving slating the CONTRIBUTIN ATED TO THE CONTRIBUTION FOR FORMED  (Hour) 21E WW. Waten Control of the Co	GG HE WHICH OPERATION R. PLACE OF INJURY ne, form, foctory, str., ) INJURY OCCURRE title At No At the deceased fram	(e.g., in or obout 21) eet, office bldg., IN:  D 211 t While Work Feb. 18	TOPSY? (Yes or )  NO C. WHERE DID JURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING ( (If in Boltim	E FINDINGS COL CAUSES OF DEAT	IM?
DISEASES ( rise to the UNDERLYING  OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that (I) (we)	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving sloting the CONTRIBUTIN ATED TO THIT.  IDITION FOR FORMED  (Hour) 21E WW. W.	(B) DUE TO (C)  G  BE WHICH OPERATION  R PLACE OF INJURY ne, form, foctory, str.  INJURY OCCURRE title At At At the deceased fram Feb. 26	20A. AU  (e.g., in or obout 21) eet, office bldg., IN  While Work  Feb. 18	TOPSY? (Yes or NO.C. WHERE DID JURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING (  (If in Boltim  NJURY OCCUR?	E FINDINGS COL CAUSES OF DEAT	IM?
DISEASES ( rise to th UNDERLYING  OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIBUTE  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour an	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving sloting the CONTRIBUTIN ATED TO THIT.  IDITION FOR FORMED  (Hour) 21E WW. W.	(B) DUE TO (C)  G  BE WHICH OPERATION  R PLACE OF INJURY ne, form, foctory, str.  INJURY OCCURRE title At At At the deceased fram Feb. 26	20A. AU  (e.g., in or obout 21) eet, office bldg., IN  While Work  Feb. 18	TOPSY? (Yes or NO.C. WHERE DID JURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING (  (If in Boltim  NJURY OCCUR?	E FINDINGS COL CAUSES OF DEAT More City, give exc 26	1965
DISEASES ( rise to the UNDERLYING  OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that (I) (we)	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION lost.  IFICANT CONDITIONS CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CAU	any, giving stating the CONTRIBUTIN ATED TO THAT.  ADITION FOR FORMED  (Hour) 21E  Wh.  Wh.  (Hour) 21E  at alive an  ted abave. (	(B) DUE TO (C)  G G HE WHICH OPERATION  B. PLACE OF INJURY ne, form, foctory, str., injury OCCURRE injury OCCURRE injury At At the deceased from Feb. 26	(e.g., in or obout 21) eet, office bldg., IN.  Twhile Work  Feb. 18	TOPSY? (Yes or NO C. WHERE DID JURY OCCUR? F. HOW DID II	No) 208. IF YES, WER IN CERTIFYING (  (If in Boltim  NJURY OCCUR?  19 .65 tale	E FINDINGS COL CAUSES OF DEAT	1965
DISEASES ( rise to the UNDERLYING  OTHER SIGN TO THE D DISEASE OR 19A. DATE OF OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that (I) (we) and hour an	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION lost.  IFICANT CONDITIONS CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CAU	any, giving stating the CONTRIBUTIN ATED TO THAT.  ADITION FOR FORMED  (Hour) 21E  Wh.  Wh.  (Hour) 21E  at alive an  ted abave. (	(B) DUE TO (C)  G G HE WHICH OPERATION  B. PLACE OF INJURY ne, form, foctory, str., injury OCCURRE injury OCCURRE injury At At the deceased from Feb. 26	(e.g., in or obout 21) eet, office bldg., IN.  Twhile Work  Feb. 18	TOPSY? (Yes or NO.C. WHERE DID JURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING (  (If in Boltim  NJURY OCCUR?	26	1965.  Courred an the
NOTHER SIGN TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DOWN TO THE DISEASE OR TO THE DOWN TO THE DISEASE OR TO THE DOWN TO THE DISEASE OR TO THE DISEASE OR CONTRIBUTE OF INJURY (APPROX.)  21. L certify that (I) (we) and hour an 23. SIGNATURE 23.	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving stating the CONTRIBUTIN ATED TO THAT.  ADITION FOR FORMED  (Hour) 21E  Wh.  Wh.  (Hour) 21E  at alive an  ted abave. (	(B) DUE TO (C)  G  BE WHICH OPERATION  R PLACE OF INJURY ne, form, foctory, str.  INJURY OCCURRE title At At At the deceased fram Feb. 26	(e.g., in or obout 21) eet, office bldg., IN.  Twhile Work  Feb. 18	TOPSY? (Yes or NO C. WHERE DID JURY OCCUR?  F. HOW DID II and dy after death Med. Director	No) 208. IF YES, WER IN CERTIFYING (  (If in Boltim  NJURY OCCUR?  19 .65 tale	E FINDINGS COL CAUSES OF DEAT More City, give exc 26	IH?  1965  ccurred an the
DISEASES (rise to the UNDERLYIN)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  22. I certify that (I) (we) and hour an 23A. SIGNATU	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slating the CONTRIBUTIN ATED TO THIT.  ADDITION FOR HORNED  (Hour) 21E  WW.  (Hour) 21E  Whom tec.  (Hour) 21E  Additional and the dec.	(B) DUE TO (C)  G G HE WHICH OPERATION  B. PLACE OF INJURY ne, form, foctory, str., injury OCCURRE injury OCCURRE injury At At the deceased from Feb. 26	(e.g., in or obout 21 eet, office bldg., IN.  The band of the band	TOPSY? (Yes or NO C. WHERE DID JURY OCCUR?  F. HOW DID IF  Med. Director	No) 208. IF YES, WER IN CERTIFYING (  (If in Boltim  NJURY OCCUR?  19 .65 theb  that In(my) (aur) and the story of	26	IH?  1965  ccurred an the
NOUTHER SIGN TO THE DISEASE OR	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slating the CONTRIBUTIN ATED TO THIT.  IDITION FOR FORMED  (Hour) 21E  WW.  (Hour) 21E  with the control of the co	(B) DUE TO (C)  G  G  BE WHICH OPERATION  R. PLACE OF INJURY ne, form, foctory, str.  INJURY OCCURRE  Title At At At the deceased fram  Feb. 26  I) (We) (did) (did	20A. AU  (e.g., in ar obout 21) eet, office bldg., IN.  D  t While Work  Feb. 18  Attending Phys.  23D. ADDRES  M.D.	F. HOW DID IF	No) 208. IF YES, WER IN CERTIFYING (  (If in Boltim  NJURY OCCUR?  19 65 tel.  that In(my) (aur) and the streen of	26	1965 ccurred an the
DISEASES ( rise to Ih UNDERLYING  OTHER SIGN TO THE D DISEASE OR  19A. DATE OF  21A. ACCIDE OR CONTRIBUT DEATH (notify)  21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (we) and hour and 23A. SIGNATU	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slating the CONTRIBUTIN ATED TO THIT.  IDITION FOR FORMED  (Hour) 21E  WW.  (Hour) 21E  with the control of the co	(B) DUE TO (C)  G G HE WHICH OPERATION  B. PLACE OF INJURY ne, form, foctory, str., injury OCCURRE injury OCCURRE injury At At the deceased from Feb. 26	20A. AU  (e.g., in ar obout 21) eet, office bldg., IN.  D  t While Work  Feb. 18  Attending Phys.  23D. ADDRES  M.D.	F. HOW DID IF	No) 208. IF YES, WER IN CERTIFYING (  (If in Boltim  NJURY OCCUR?  19.65. tFeb.  that In(my) (aur) and  Stoff Phys. A	26	1965 ccurred an the
NOTHER SIGN TO THE D DISEASE OF THE D DISEASE OR TO THE D DISEASE OR TO THE D DISEASE OR CONTRIBUTED OF INJURY (APPROX.)  21. I certify that (I) (we) and hour an 23A. SIGNATU 23C. PHYSICIA NAME (I) BUR1A DELATE OR REMOVAL (BUR1A)	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slating the CONTRIBUTIN ATED TO THE TIT.  IDITION FOR FORMED  (Hour) 21E  (Hour) 21E  who was a standard to a dalive an ted abave. (  24C. N  MO	G HE WHICH OPERATION  R. PLACE OF INJURY ne, form, foctory, str.  L. INJURY OCCURRE nile At At the deceased fram Feb. 26.  I) (We) (did) (did did did did did did did did did di	(e.g., in or obout 21) eet, office bidg., IN.  The base of the bidg.  Feb. 18  19.6  Attending Phys.  23D. ADDRES  M.D.  or CREMATORY	TOPSY? (Yes or NO C. WHERE DID JURY OCCUR?  F. HOW DID II  Med. Director	No) 208. IF YES, WER IN CERTIFYING (  (If in Boltim  NJURY OCCUR?  19 .65 tFeb.  that In(my) (aur) a  Stoff Phys.  Phys.  Beltinore	26. pinian death ac 2726/	1965  courred an the gned  465  unty) (Sto
NOTHER SIGN TO THE D DISEASE OF THE D DISEASE OR TO THE D DISEASE OR TO THE D DISEASE OR CONTRIBUTED OF INJURY (APPROX.)  21. I certify that (I) (we) and hour an 23A. SIGNATU 23C. PHYSICIA NAME (I) BUR1A DELATE OF THE DELATE O	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slating the CONTRIBUTIN ATED TO THE TIT.  IDITION FOR FORMED  (Hour) 21E  (Hour) 21E  Who was a standard to a dalive an ted abave. (  24C. N  MO	G  G  B  PLACE OF INJURY  ne, form, foctory, str.  INJURY OCCURRE  side At No  At the deceased from  Feb. 26  I) (We) (did) (did)  AME of CEMETERY  Peland Me  OF REGISTRAR	20A. AU  (e.g., in or obout 21) eet, office bldg., IN  t While Work  Feb. 18  Attending Phys.  23D. ADDRES M.D.  125C. FUI  225C. FUI	TOPSY? (Yes or NO C. WHERE DID JURY OCCUR?  F. HOW DID II  Med. Director S  OO N. Ca	No. 208. IF YES, WER IN CERTIFYING (If in Boltim NJURY OCCUR?  19.65. tFeb. that In(my) (aur) a line.  Stoff X  Aroline Stre Location  Beltinore	26.  pinian death ac  238. DATE SIC  2/26/	1965.  Courred an the
DISEASES ( rise to Ih UNDERLYINI  OTHER SIGN TO THE D DISEASE OR  19A. DATE OF  21A. ACCIDE OR CONTRIBI DEATH (notify 21D. I make OF INJURY (APPROX.)  22. I certify that (!) (we) and hour an 23A. SIGNATU  23C. PHYSICIA NAME (!)  24A. BURIAL CRE REMOVAL ( BURIAL)	asthenia, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slating the CONTRIBUTIN ATED TO THE TIT.  IDITION FOR FORMED  (Hour) 21E  (Hour) 21E  Who was a standard to a dalive an ted abave. (  24C. N  MO	G HE WHICH OPERATION  R. PLACE OF INJURY ne, form, foctory, str.  L. INJURY OCCURRE nile At At the deceased fram Feb. 26.  I) (We) (did) (did did did did did did did did did di	20A. AU  (e.g., in or obout 21) eet, office bldg., IN  t While Work  Feb. 18  Attending Phys.  23D. ADDRES M.D.  125C. FUI  225C. FUI	TOPSY? (Yes or NO C. WHERE DID JURY OCCUR?  F. HOW DID II  Med. Director State	No. 208. IF YES, WER IN CERTIFYING (If in Boltim NJURY OCCUR?  19.65. tFeb. that In(my) (aur) a line.  Stoff X  Aroline Stre Location  Beltinore	26.  pinian death ac  238. DATE SH  2/26/  City, town, or co	1965.  Courred an the GNED  (Stot



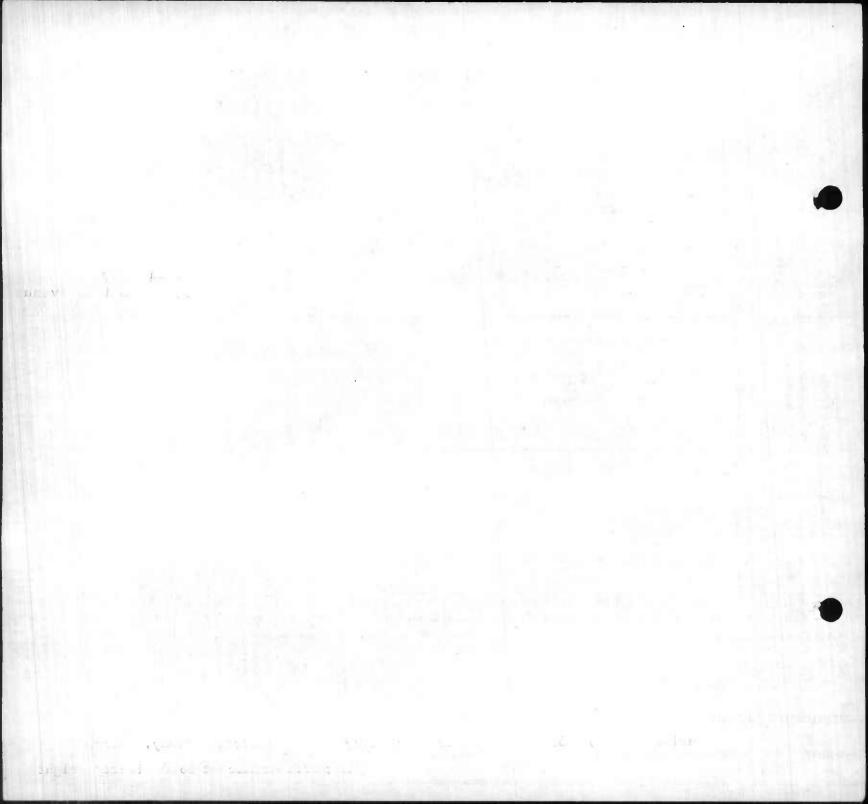
## FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

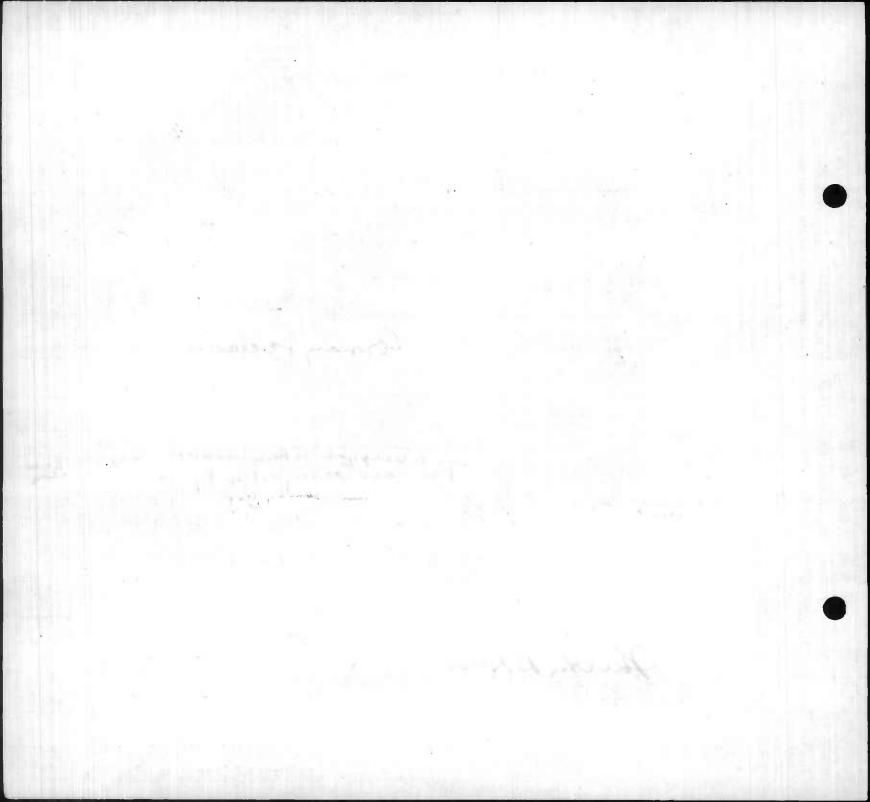
0040	BALTIMORE CITY	HEALTH DEPARTMENT		C5 9949
BIRTH NO. 65 2218	CERTIFICA	TE OF DEATH	Registered Na	65 2218
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print)				1 0.20 D
George Al.  3. PLACE OF DEATH IN BALTIMORE, MARYLAN	Len	14. USUAL RESIDENCE (Where	2-65	8:30 P. M.
3. PLACE OF DEATH IN BALTIMORE, MARIEAN		A. STATE B. COUN		intuition: residence before domission
FULL NAME OF (If not in hospital or insti	itution, give street	Maryland	and a	5-01
HOSPITAL OR oddress or location)			side city limits, write RI	JRAL and give township)
Baltimore Ci	ty Hospitals	Baltimore		
4940 Eastern	Avenue		rurol, give location)	
Baltimore, M		77/ Wash Wareh	044	
	ARRIED, NEVER MARRIED	114 West Hamb	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	DOWED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
Male Negro		- 74	90	
IOA. USUAL OCCUPATION (Give kind of work 10B, K done during most of working tife, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Couth Comolin		
13. FATHER'S NAME		South Carolin		U. S. A.
Berry Allen		Joanna Maxe	11	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of se				
	239-01-2143		H. 4940 East	
1B. 4	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Υ			OHSEL AND DEATH
LEADING TO DEATH	(A) ?Pul	monary Embolus?	Myocardial	Infarction ?
(This does not mean the made of dying	, e.g., DUE TO			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
heart failure, osthenio, etc. II means the d	isease,			
ANTECEDENT CAUSES	(B) Arte	riosclerotic Hea	rt Disease	Several Years
	DUE TO	Congestive Heart		
DISEASES OR CONDITIONS, if any, rise to the abave cause (A) sfotin			- 1 01 1 10 1	
UNDERLYING CONDITION last.	ig the (C)			
- 11				
OTHER SIGNIFICANT CONDITIONS CONTR	IRUTING			
E TO THE DEATH BUT NOT RELATED	TO THE	rain Syndrome		Several Years
	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES WERE FI	NDINGS CONSIDERED
WAS PERFORME		No	IN CERTIFYING CAU	SES OF DEATH?
19A. DATE OF OPERATION 198. CONDITION WAS PERFORME		data water	07 8 16	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
DEATH (notify medical examinal)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hou	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S 01 11130K1	White At Not Whi			
(APPROX)	Work At Work			
22. I certify that (I) (this hospital) atte	ended the deceased fram	9-24- 1	19 64 ta 2-2	2- 19 65
that (I) (we) lost saw the deceased ali	2-22-			ian death occurred an the date
			ar many, aor, apin	ion death occurred on the date
and haur and from the causes stated ab	pave. (I) (We) (did) (did nat)	view the body after death.		
23A. SIGNATURE				23B. DATE SIGNED
an co	rake M.D. AH	ending Med. Director	Stoff Phys.	2-22-65
23C. PHYSICIAN'S	,	23D. ADDRESS	1117 24	2-22-07
NAME (Type)				
Dr. Robert	Cooke M.D.	4940 Ea	stern Avenue	#21224
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR			y, town, or county) (Stote)
REMOVAL (Specify)	NEED ON TAXABLE	TOTAL CONTRACTOR OF THE PARTY O	OCTATAT NO.	n
Burial 2127/65	MT. CALVERY		OOKYLN, Ma	
25A. DATE REC'D BY HEALTH DEPT. 25B. N	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
THE PARTY OF THE P	) A C +A II. UI			
MAR 1 1965 424	But E. Jarbey M.A	Charles A.	Rice 661	



	0.5	0010	BALTIMORE CITY	HEALTH DEPARTMENT	C5 9940
	th No. 65	2219	CERTIFICA	TE OF DEATH	Registered No.
1. N. (Typ	LE CASE NO.	EY MRS	GOLDA P.	earl Feb.	D HOUR OF DEATH  28 6 deceased lived. If institution: residence before edmit
H		in hespitel er institut s ar lacetien)	ian, give street	C. CITY OR TOWN OF OUT	Side city limits, write RURAL and give township)
	MARY	LAND G	TENERAL	D. STREET ADDRESS (If	HUSTER Baltimore
5. S	SEX 6. RACE		RIED, NEVER MARRIED DWED, DIVORCED (specily)		AGE (In yeers II Under 1 Yr. II Under 2 Months Days Hours N
	LUSUAL OCCUPATION (Give	kind et werk 108. KINI en if retired)	MARRIGD OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country) 12. CITIZEN OF WHAT COUNTRY?
13. (	FATHERS NAME WALL	2 7	retured H.W.	WESTER MI 14. MOTHER'S MAIDEN NAM	NSTER MOL, U.S. 4.
15. V (Yes	Was Decesed Ever in U. S. s,na arunknewn) (II yes, give	HAMILTO.  Armed Ferces?  wer er detes ef serv	N AEC,	17. INFORMANT	Sarah Selby ADDRESS 3911 Kennison Ave
	No 18.		CAUSE OF	ELSIEL BU	RDC-N CONTROL BETWEEN ONSET AND DEAT
ATION	DISEASES OR CONDITION  Tise In the obove of UNDERLYING CONDITION  OTHER SIGNIFICANT CONTO THE DEATH BUT DISEASE OR CONDITION	IONS, if any, gi couse (A) stating ON last.  NOITIONS CONTRIBL NOT RELATED TO	the (C)	<i>y</i>	
ERTIFICA	DISEASE OR CONDITION  19A. DATE OF OPERATION		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes er No	208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
COR.	121 A. ACCIDENT WAS UNI	DERLYING	218. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(II in Beltimere City, give exact lecation)
AL C	OR CONTRIBUTING CAU	USE OF -	heme, ferm, lactery, street, ef-	fice bldg., INJURY OCCUR?	
CAL C	DEATH (netify medical exer	USE OF miner		21F. HOW DID INJ	URY OCCUR?
MEDICAL C	DEATH (netify medicel exer 21 D. TIME (Menth) (D OF INJURY (APPROX.) 22. I certify that (1) (thi that (1) (we) lost sow the	USE OF miner) Dey) (Yeer) (Heur) is haspital) attend	21E INJURY OCCURRED  While At Net While At Werk  led the deceased from  On 5 914 2 2	21F. HOW DID INJ	URY OCCUR?  19 5 to 50000 2/28 19  of in(my) (our) opinion death occurred on the
MEDICAL C	DEATH (netify medical exercises of INJURY (APPROX.)  22. I certify that (I) (this that (I) (we) lost sow the ond haur and from the certify and the certification of the certific	USE OF miner) Dey) (Yeer) (Heur) is haspital) attend	etc.)  21E. INJURY OCCURRED  While At Net While At Werk  led the deceased from /2.  ve. (1) (We) (did) (did not) v  Solum M.D. Atter Physics	21F. HOW DID INJ 23 30 P.M. 23 30 P.M. 24 24 25 25 25 25 25 25 25 25 25 25 25 25 25	19 \$5 to \$00p.4. 2/28 19
MEDICAL C	DEATH (netify medical exer 21 D. TIME (Menth) (D OF INJURY (APPROX.) 22. 1 certify that (1) (thi that (1) (we) lost sow the ond haur and from the c	USE OF miner) Dey) (Yeer) (Heur) is haspital) attend	etc.)  21E. INJURY OCCURRED  While At Net While At Werk  led the deceased from /2.  ve. (1) (We) (did) (did not) v  Solum M.D. Atter Physics	21F. HOW DID INJ	of in (my) (our) opinion death occurred on the
WEDICAL C	DEATH (netify medical exer  21 D. TIME (Menth) (D  OF INJURY (APPROX.)  22. 1 certify that (1) (thi that (1) (we) lost sow th and haur and from the c  23A. SIGNATURE  23C. PHYSICIANS NAME (Type)  A. BURIAL CREMATION, 24  REMOVAL (Specily)	USE OF miner!  Dey) (Yeer! (Heur)  is haspital) attend the deceosed alive couses stoted obove of Lycun  B. DATE 24	etc.)  21E. INJURY OCCURRED  While At	21F. HOW DID INJ 21F. HOW DID INJ 23 JP JM 2 J	of in (my) (our) opinion death occurred on the
WEDICAL C	DEATH (netify medical exer  21 D. TIME (Menth) (D  OF INJURY (APPROX.)  22. 1 certify that (1) (thi that (1) (we) lost sow th and haur and from the c  23A. SIGNATURE  23C. PHYSICIANS NAME (Type)  A. BURIAL CREMATION, 24  REMOVAL (Specily)	USE OF miner!  Dey) (Yeer) (Heur)  is haspital) attend he deceosed alive couses stoted obove of Lycun  B. DATE 24  13/65	21E INJURY OCCURRED  While At Net While At Werk  Med the deceased from on 50 PM 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	21F. HOW DID INJ 21F. HOW DID INJ 21F. HOW DID INJ 21F. HOW DID INJ 22 Ond the lew the body ofter deoth. 23D. ADDRESS 24D. ADDRESS 24D. L	ot in (my) (our) opinion deoth occurred on the steff 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2



				BALTIMORE CITY	HEALTH DEPARTMENT		CIF	43/2/25
	NO. 6	5 2220		CERTIFICA	TE OF DEATH	Registered No	65	2220
. N.А	ME OF OECEA or Print)	WILLIAM )	H. HUDI	NET		ANO HOUR OF OEAT		11:00
FL	JLL NAME OF DSPITAL OR STITUTION	(If not in hospital a	or institution, s	give street	Md.	Baltimore outside city limits, write		
IIN	BCH	I			Dundalk o. street Address 512 S. 46tl	(If rurol, give locotion)	5	13-00
5. SE	x le	Cauc.	7. MARRIEO, WIDOWED Marri	NEVER MARRIED L DLYORCED (specily) LECL	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Months; Ooy	Yr. II Under 24 ys Hours Mi
done E	during most of wo	rking life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or f			OF COUNTRY?
	athers name leodore H				Mary Dolby	NAME		
15, W (Yes,	as Oeceased E no or unknown) (I	ver in U.S. Armed For If yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO.	Mrs. Ella Hudi	net 512 S. 4		odress et
	Li (This does not	OR CONDITION DIR EADING TO DEATH mean lhe made af sihenia, elc. 11 means	dying, e.g.,	(A) DUE TO	F DEATH	clusin	ON:	ERVAL BETWEEN SET AND DEATH WITH MALE
	At DISEASES OR rise to the	ication which caused NTECEDENT CAUSES CONDITIONS, if abave couse (A) CONDITION last.	any, giving		4			
ATION	TO THE DEA	CANT CONDITIONS CATH BUT NOT RELA	TED TO TH	Preven	upyon abd	clusin Type	a. Senz	en for the
RTIFIC	Remore	PERATION 19B. CON WAS PERI	FORMED /	7/65	20 A. AUTOPSY? (Yes or	IN CERTIFYING C	AUSES OF DEA	TH?
CAL	DEATH (notily m	WAS UNDERLYING DATE OF CAUSE O	hom etc.	e, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR	tt in Bolton	ore City, give ex	loct locohon)
AE.	OF INJURY	Month) (Doy) (Year)		INJURY OCCURREO  Ile At Not While At Work	e	INJURY OCCUR?		
	hat (I) (we) I	ast saw the decease	d alive an	February 2	4 19 65 and	that in (my) (our) o		19 <i>65</i> iccurred an the
	and haur and h		BK	/	ending Med.  Director	Stoff Phys.	3/1/	IGNED
	THE RESERVE OF THE PARTY OF THE	Kress		M.O.	Medical ARTS	Bldg. Bal	to. Ud.	21201
E	removal (Sp.	ATION, 248. DATE ecily) 3-3-65	Oal	AME of CEMETERY of CR	24D	Balto. Co.	Md.	AODRESS
	M	AR 2 1965	Robert	E. tarber M.A		neral Home	Dundalk,	
/S 1	50-REV. 1/1/65	···		7				



Such

eath.

prior

eceased

ŏ

the

0

attendance

regula

WGS

physician

°N

9

and

0

uo

ance

attend

regular

=

Was

death =

pronounced

ho 4

physician

kind;

any

of

fracture

3

Body

(2)

any nature;

accident of

An

shows: (1) deceased

was released

the body

919

\*

(except

0 death)

hospit

0 prior

at

Also,

examiner.

medical burns;

0 0

to the hospital by

approved

must

cause; (5) Deceased

of death

Cause

contributing

direct

(4) Undetermined

hospital

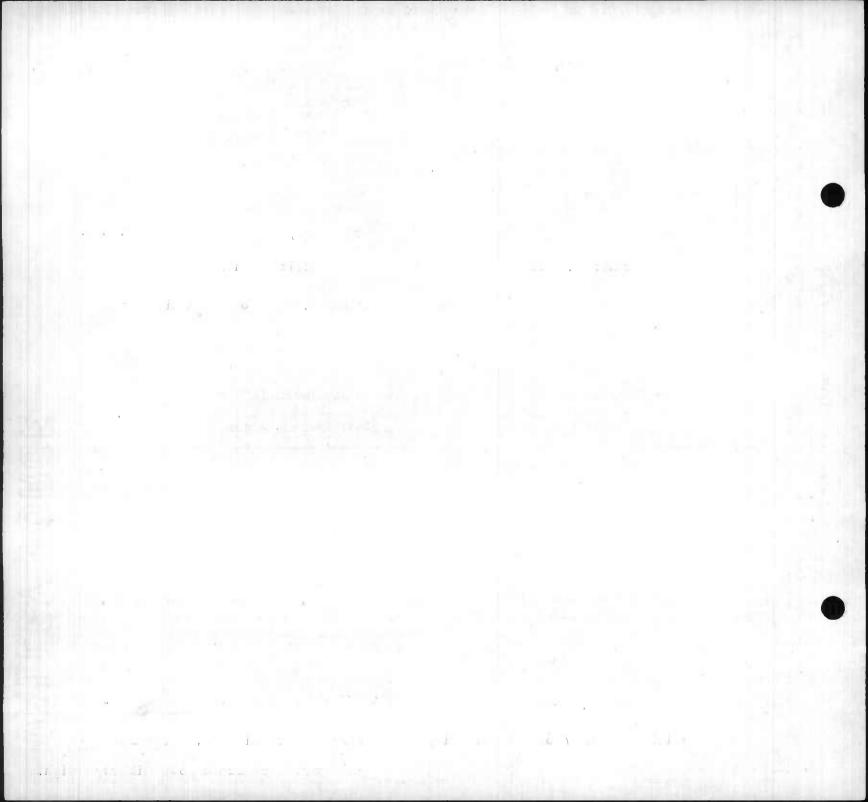
BALTIMORE CITY HEALTH DEPARTMENT RIETH NO. Registered No. CERTIFICATE OF DEATH M.E. CASE NO. I NAME OF DECEASED 2 DATE AND HOUR OF DEATH (Type or Print) Ford. James Mitchell February 25. 1965 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C CITY OF TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore 21212 D. STREET ADDRESS (If tutol, give location) St. Joseph Hospital 6230 Falkirk Rd. 5. SEX 6. PACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. mac WIDOWED, DIVORCED (specify) lost birthdov Male White Single July 5. 1962 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition done during most of working life, even if retired) U.S.A. Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank M. Ford Patricia White 15. Was Deceased Ever in U. S. Armed Farces? 17. INFORMANT 1 6, SOCIAL (Yes.no or unknown) (If yes, give wor or dotes of service) SECURITY NO. No None Frank M. Ford 6230 Falkirk Road CAUSE OF DEATH INTERVAL BETWEEN 10 3 ONSET AND DEATH DISEASE OF CONDITION DIRECTLY embalmed LEADING TO DEATH -Pneumonitis Mongolianism (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) (8) Congestive heart failure ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, (c) Congital heart disease rise to the above couse (A) stoling the UNDERLYING CONDITION lost. before the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198, CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) ofc ) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work 22. I certify that (I) (this hospital) attended the deceased from February 25. 1965 to February 25. that (I) (we) last sow the deceased alive on February 25, 1965 ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. must Rosion D. Ruier. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. 2/25/65 Phys. Director \_\_\_ approval 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) M.D. 1400 N. Caroline St., Baltimore, Md. 21213 Rostom D. Rivera 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) 2/27/65 Burial Druid Ridge Cemetery Baltimore, Maryland 25A, DATE REC'D BY HEALTH DEPT. Ellsworth Armacost 4600 Liberty Heights 258. NAME OF REGISTRAR 1965 VS 150-REV. 1/1/65

3:05

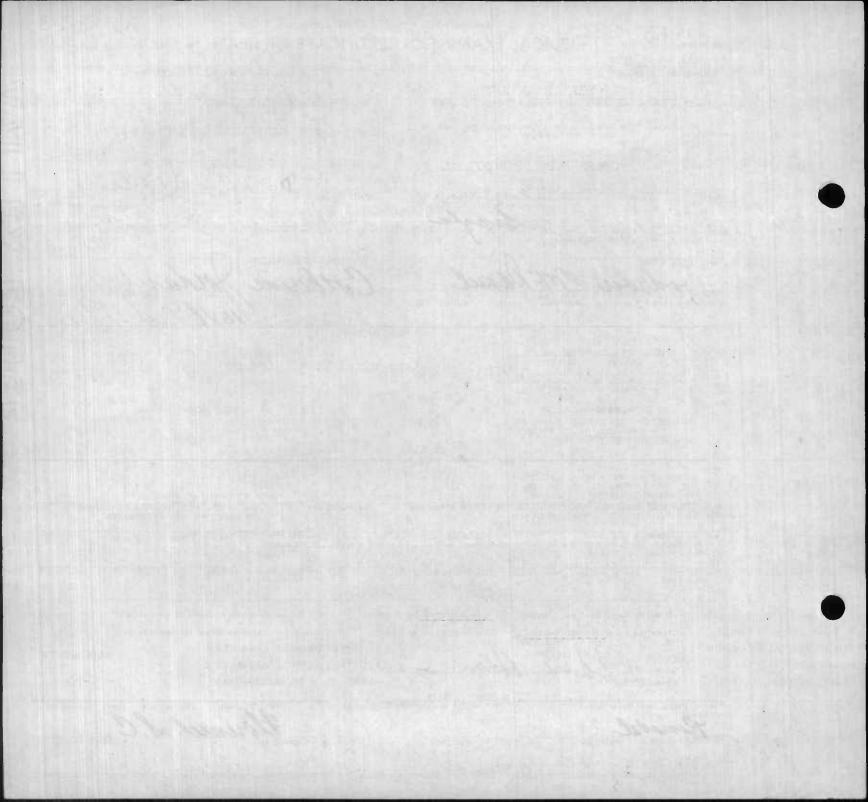
If Under 24 Hrs.

Hours

ADDRESS

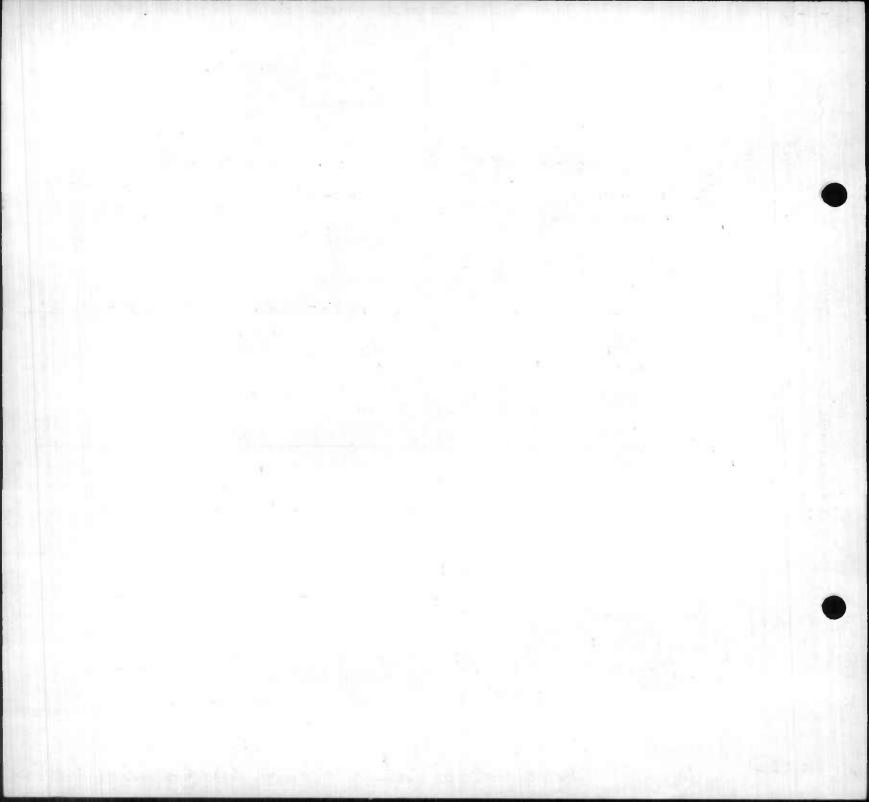


VS 151-REV. 1/1/65



	O	-	2	1	-	1
	Pu	÷	ed	he	); and (6) No physician was in regular attendance on the deceased prior to death. Such	0
	0	ea	dis	+	Sc	
	0	-	e ce	0	Ė	
	OS	0	۵	00	at	
	hos	50	5	8	de	
1	0	מפת	.0	pu	9	
1	.5	5	SOE	tte	70	
	P	Fin	C	0	ric	ń
	FF	bu	nec	0	-	pp
	ככת	itri	Ē	D B	Sec	Ē
	Ö	0.0	Per	7	9	-2
	ath	_	de	=	dec	0
	0	0	5	SID	0	Sit
	4	9	4	3	÷	Spc
Z	t	-ip	) 'F	÷	E C	5
A	Sta	9	in	00	0	a
2	SS	=	Y K	P	un	ij
0	0	.=	an	cec	ppu	0
E	4	SO	of	5	10	ed
-	ō	4	10	On o	0	E
FUNERAL DIRECTOR: IMPORTANT	Jer	er.	ct	pro	P	pa
0	·E	in	fra	0	DB	E
$\overline{\mathbf{c}}$	OX	D	4	4	9	0
8	0	ø.	(3)	2	2	S
0	00	0	S;	Cia	SID	Ë.
-	Pe	dic	חבת	ysi	3	E
2	E	E	þ	P	8	€ re
W	.0	8	od)	0	ici	the
5	U	>	m	=	hys	10
L	he	9	2	916	0	o te
	>	ita	.e.	× h	ž	P
	-	Sp	5	+	9	Dec
	>	Ě	D	93	P	9
	DIG	the	ny	Xe	8	opt
	0	0	f a	=	~	90
	9	P	10	ita	ath	St
	+	dse	len	DS P	de	J.
	2	9	cic	ř	10	-
	0	S	9	1	0	OVE
	00	2	An	0	pri	pr
	111	>	3	A.C	P	0
	9	Po	.5	0.0	dse	en.
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death)	written approval must be obtained before the remains are embalmed or final disposition is made.
	H	+	sh	3	P	3

	BALTIMORE CIT	Y HEALTH DEPARTMENT		05 000
BIRTH NO. 65 222:	CERTIFICA	ATE OF DEATH	Registered No.	65 2223
1. NAME OF DECEASED	,	2. DATE AND	HOUR OF DEATH	
(Type or Print) Thelma Ushe:	r	Februa	ry 24, 196	5 4:45 Pm.
3. PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where	deceased lived. If i	nstitution: residence before admission)
FULL NAME OF (If not in hospital or in	estitution give street	Maryland	7-1	
HOSPITAL OR oddress or location)			ide city limits, write	RURAL and give township)
Baltimore	City Hospitals	Baltimore		
4940 Easte:		D. STREET ADDRESS (If it	iral, give location)	
Baltimore,	Maryland 21224	962 N. Chapel	Street - #	21205
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Separated	3-23-16	AGE (In years ost birthdoy)	If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min,
10A. USUAL OCCUPATION (Give kind of work 108	KIND OF BUSINESS OR INDUSTRY		n country)	12. CITIZEN OF
done during most of working life, even if retired)		Virginia		USA
3. FATHER'S NAME	1 .	14. MOTHER'S MAIDEN NAM	E	
Mimes Tilak	net	9		
15: Was Deceased Ever in U. S. Armed Forces: Ves, no or unknown) (If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
yes, give wor or doles or	212-14-2857	Records-BCH 494	O Fastann	Arrange #27227
18.		OF DEATH	O Bastern	INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	TI Y			ONSET AND DEATH
LEADING TO DEATH		ssible Brain Meta	stasis	6 months
(This does not mean the made of dy	ing, e.g., DUE TO	***************************************		
heort failure, asthenio, etc. Il meons the injury ar camplicolian which coused de	ath.)			C 15- 150
ANTECEDENT CAUSES		onchogenic Carcin	oma of the	
DISEASES OR CONDITIONS, if any		Lung		
rise to the abave couse (A) sta UNDERLYING CONDITION last.	ling the (C)			
The state of the s				
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	218 SLACE OF INITIBY (a.c.	in or obout 21C. WHERE DID	(If in Rollimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, lorm, foctory, street, etc.)	office bldg. INJURY OCCUR?	tii in bollimo	re City, give exect loconom
21D. TIME (Month) (Doy) (Year) (F	Hour 21E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
₹ (APPROX)	While At Not Wh			
22, I certify that (I) (this hospital) a			65 to	2-24 19 65 .
	2 21			
that (1) (we) last saw the deceased a			TIN(my) (dur) ap	Inian death accurred an the date
and haur and from the causes stated	obeve. (I) (We) (did) (did nat)	view the bady after death.		DATE SIGNED
254. 310/13/10/10/10	M.D. AI	tending Med.	Sloff	238, DATE SIGNED
Turada 1	Ph Ph	ys. Director P	hy s.	2-24-65
23C. PHYSICIAN'S NAME (Type)	1 1/2	23D. ADDRESS		
Ric	chard Lane M.D.	4940 Eastern Ave	nue - #212	24
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CI	REMATORY 24D. LO	CATION A	City, town, or county) (Stole)
Murio Film 60	my Calma.	1 (om 1)	11.12	unter Mix.
25A. DATE REC'D BY HEALTH DEPT.   251	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MAR 1 1965 ( 0 # 5	2 Fr. D. MAR	milton	Flicks	me 1129/1/2019
VS 150-REV. 1/1/65	ACCOMMITTED TO	- Cury C	· Cluste	112/1/ Carriers



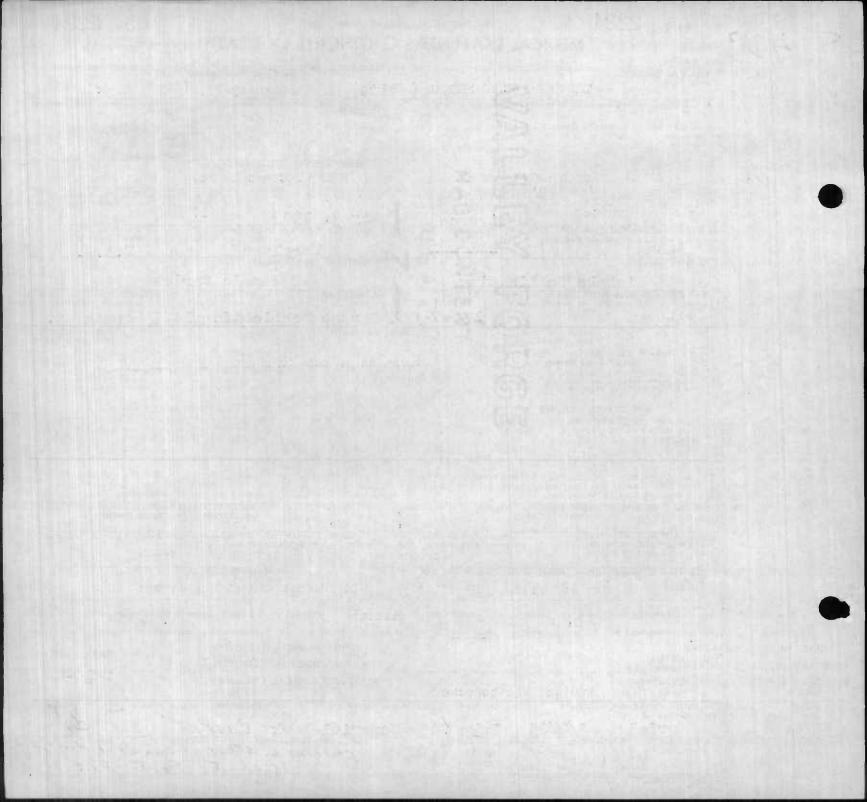
65 2224

VS 151-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

65 2224

BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.	
M.E. CASE NO.	
Theodore Schlichting (White)  2. Date and hour pronounced Dead February 27, 1965 6:10	а м.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE  8. COUNTY	re odmission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Waryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give town)  Baltimore  D. STREET ADDRESS (If rurel, give location)	vnship)
South Baltimore General 113 W. Clements St.	
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In yeors lost birthdoy)   May 9, 1907   57   Months Doys Ho	
10A. USUAL OCCUPATION (Give kind of work 08. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	nva
done during most of working life, even if retired)  Seaman  Maryland  U.S.A.	KI 7
13. FATHER'S NAME	
Nichols Schlichting Mammie Caries	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16. SOCIAL   17. INFORMANT ADDRESS	
(Yes, no or unknown) (If yes, give wor or dotes of service)  Yes  ?  SECURITY NO.  218-05-5/96 Jerome Schlichting 1425 Lowman	C+1
	L BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	D DEATH
WAS PERFORMED  Yes  WAS PERFORMED  Yes	
21A, EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UNDE	3-01
22.	
I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinion resulted fram: Natural causes Accident Soutcide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL  ACTUAL  SIGNATURE  DATE	signed 7-65
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county)	(Stole)
Burial 3/2/65 Lake View Memorial Park Carroll, 170	Z, /
MAR 1 1965 Real E. Fort Py	tome, su



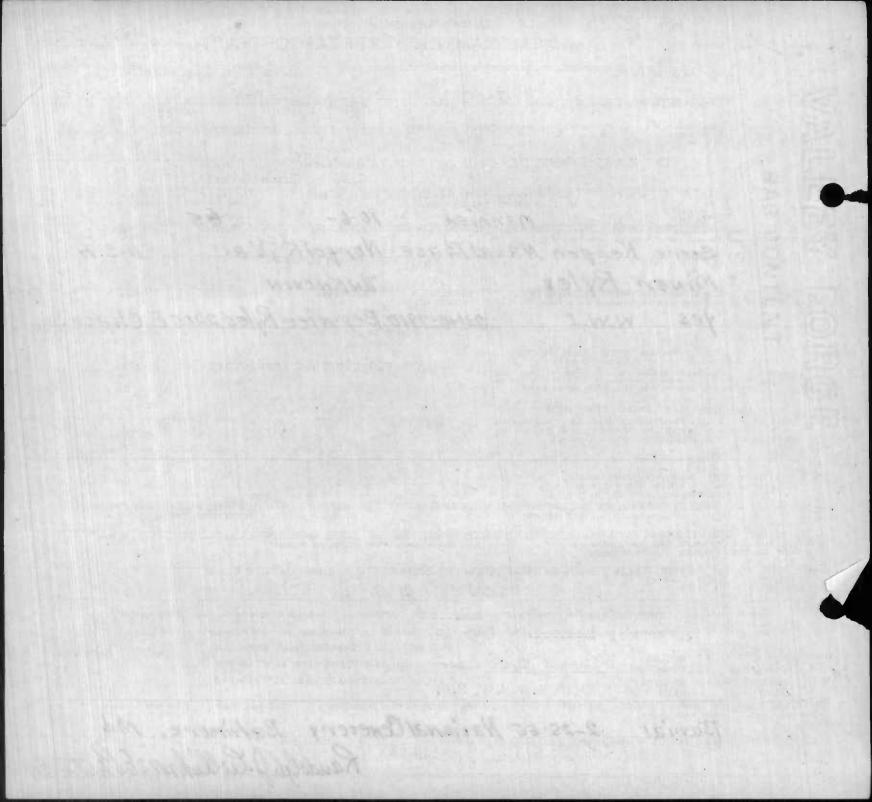
10	
15	420
0.	100
	/

431					
95	BALTIMORE	CITY	HEALTH	DEDADTA	6
6 . 3	DALTIMORE	CHIL	DEALIII	DELWIN	-

BALTIMORE CITY HEALTH DEPARTM
-------------------------------

ALTIMORE CITY HEALTH DEPARTMENT	CE	000
A MAIN IPPUC CENTIFICATE OF DEATILE .	65	GAL

BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print)	
CLIFFORD A RYLES  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
JOHNS HOPKINS HOSPITAL - DOA	Baltimore  D. STREET ADDRESS (If rurol, give locoston)  2205 E. Chase Street 21213
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF SIRTH  9. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Days, Hours, Min.
Male Colored Mannied	10-6- YII. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
Stone Keeper Naval 13 ase	Nonfolk Va. What COUNTRY? 21. S. A.
MINER RY LES	THE KNOWN ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Paris Planerai o
7 es W.W. 1 23/-10-7910	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	riosclerotic cardiovascular disease
(This does not meen the mode of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Toscierotic Cardiovascular disease
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C, WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED (APPROX.)	21F. HOW DID INJURY OCCUR?
22.   1 certify that I held an Inquiry   Inspection   Au	topsy and that an this basis, death in my apinian
resulted from: Natural couses X Accident Suicident	
ACTUAL Ada 3 AM	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER (X)  ASSOCIATE MEDICAL EXAMINER (1)  2-22-65
EXAMINER'S JOHN E. ADAMS, M.D.	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	0 11
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	HETERY BaltIMONE, 194  [24C. EUNERAL DIRECTOR ADDRESS
MAR 1 1965 Poleut E. Jarbey Mg	Randolali D. Gollich 1412 El Laston Q1
VS 151-REV. 1/1/65	The state of the s



	1	65	2226		IMORE CITY HEAD			O CATUR.	65	2226
15-	400	BIRTH NO.	WEI	DICAL EXA	WIINER 2 C	EKTIFICA	E OF L	JEAIN Regist	ered No	
	100	M.E. CASE NO.	CEASED				2. DATE AN	D HOUR PRONOUNG	CED DEAD	
		(Type or Print)	clavie or	JEANIE BA	AILEY		2-21	-65		15:35 P.
		3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOUNCE	D DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If in B. CO	stitution: resi	
	39	FULL NAME OF HOSPITAL OR	(IF NOT IN HOSP ADDRESS OR LO	ITAL OR INSTITUTION	, GIVE STREET	Maryla c. city or to		e corporote limits, wri	te RURAL o	nd give township)
	100	T	PROVIDENT HOS	SPITAL - DOA		Baltim D. STREET ADD		give location)	7	
	797		NOVEDENT NO	JI IIII DOI				Street 2120	)2	
		5. SEX	6. RACE	7. MARRIED, NEV WIDOWED, DIVO		B. DATE OF BIRT		9. AGE (In years	If Under	Doys Hours Mi
		Female	Colored	Mann	. 0	5-18-1	1910	45	7410111113	Doy's Trodis
			UPATION (Give kind of w	ork 108. KIND OF BUS		YII. BIRTHPLACE	Stote of foreig	n country)	12. CITIZ	EN OF
		Hous	ewire		Lone	Day ING	ton, S	.C.	71,5	PI
		13. PATHER'S NA	ME 1 1 1 1 1			14. MOTHER'S M	AIDEN NAMI			
		TS. WAS DECEAS	ED EVER IN U.S. ARM	2 M) S ED FORCES?   16. S	OCIAL	HALLAN INFORMANT	N		ADDRES	5
		(Yes, no or unknow	n) (If yes, give wor or d	otes of service) S	ECURITY NO.	11:11 2	2 . ,			
		18.			CAUSE	OF DEATH	alley	131N.191	squi	INTERVAL BETWEE
		DISE	ASE OR CONDITION	DIRECTIV						ONSET AND DEA
			LEADING TO DEA	TH	Arte	eriosclero	tic and	hypertensi	ive	
		heart loilur	not meen the mode e, osthenio, etc. It med emplication which cause	of dying, e.g., ins the disease, d deoth.)	hear	rt disease				
					iicu:	arbease			37.5	
		DISEASES	OR CONDITIONS, IF	(B)						
		RISE TO T UNDERLY	HE ABOVE CAUSE (A)	STATING THE	TING THE					
		NO THER SH			(C)		***************************************			
		O THE	II  SNIFICANT CONDITION DEATH BUT NOT DR CONDITION CAUSI	RELATED TO THE	***************************************			•	***************************************	
		19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				Yes	? (Yes or No)	1008. IF YES, WERE F	INDINGS C	ON SIDERED
		UNDERLYING UTING CA	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	218, PLAC home, for etc.)	E OF INJURY (e.g., m, foctory, street,	in or obout 21C. V	HERE DID	Of in Boltimore City,	give exoct le	ocation)
		21 D TIME OF INJURY (APPROX.)	WHILE WHILE	JUNI DID WO	JRY OCCUR?	24. 10				

Inspection

Accident

CHARLES S. PETTY, MAD

Autapsy X

Hamicide

M.D. ASSISTANT MEDICAL EXAMINER X

ASSOCIATE MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER

23 D. LOCATION

Suicide

23C. NAME of CEMETERY or CREMATORY

and that an this basis, death in my apinian

Undetermined manner

DATE SIGNED

2-22-65

(City, town, or county)

22.

ACTUAL

VS 151-REV. 1/1/65

SIGNATURE\_ EXAMINER'S

NAME (Type)
23A. BURIAL CREMATION,
REMOVAL (Specify)

I certify that I held an Inquiry

resulted fram: Natural causes 🗵

Acres wife is companie BARTIFIE S. COPY Burnal , 2-26 65 Mr. Pubum Cooky Bullinger . 124

1	BALTHAODE CITY HEALTH DEPARTMENT 65 29	27
R 1/17	bo SEE ALEDICAL EVALABLEDIC CEDITICATE OF DEATHS	.61
D-763	M.E. CASE NO.  MEDICAL EXAMINER 5 CERTIFICATE OF DEATH Registered No.	
	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR PRONOUNCED DEAD	
	February 27, 1965 8:50	
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before B. COUNTY  Maryland	odmis sioi
,//	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give town	ship)
4	Baltimore /0 -0/	
- 99	D. STREET ADDRESS (If rurol, give locotion)  1425 E. Preston St.	
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years lift Under 1 Yr, If U	
	female colored Mannied 8-10-1907 57	
	10A. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  112. CITIZEN OF WHAT COUNTRY	?
	13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME	7.
	WILLIAM R. Staton Bettie MC Nillian	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL   17. INFORMANT   ADDRESS   Yes, no or unknown), (If yes, give wor or dotes of service)   SECURITY NO.	
	NO 239-365314 George Balland 1425 E. Prestor	V SZ
	CAUSE OF DEATH INTERVAL ONSET AN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic cardiovascular disease	
	heart foilure, asthenio, etc. It means the disease.	
	injury or complication which coused death.)	
	ANTECENDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO	*************
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	(C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	0 044 0450 44 20
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes Yes	
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., INJURY OCCUR?	
	21D TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  OF INJURY (APPROX.)  WHILE AT   NOT WHILE	
	22.	
	l certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion resulted from: Natural courses X Accident Suicide Homicide Undetermined monner	
DOT BEEFE	CHIEF MEDICAL EXAMINER	
	ACTUAL ACTUAL ASSISTANT MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER ACTUAL	
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER	.00
	NAME (Type) Rudiger Breitenecker / 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, tuwn, or county)	(Stote)
	TIMPAGNI I O VITAGNI	

REMOVAL (Specify)

REMOVAL (Spec

VS 151-REV. 1/1/65

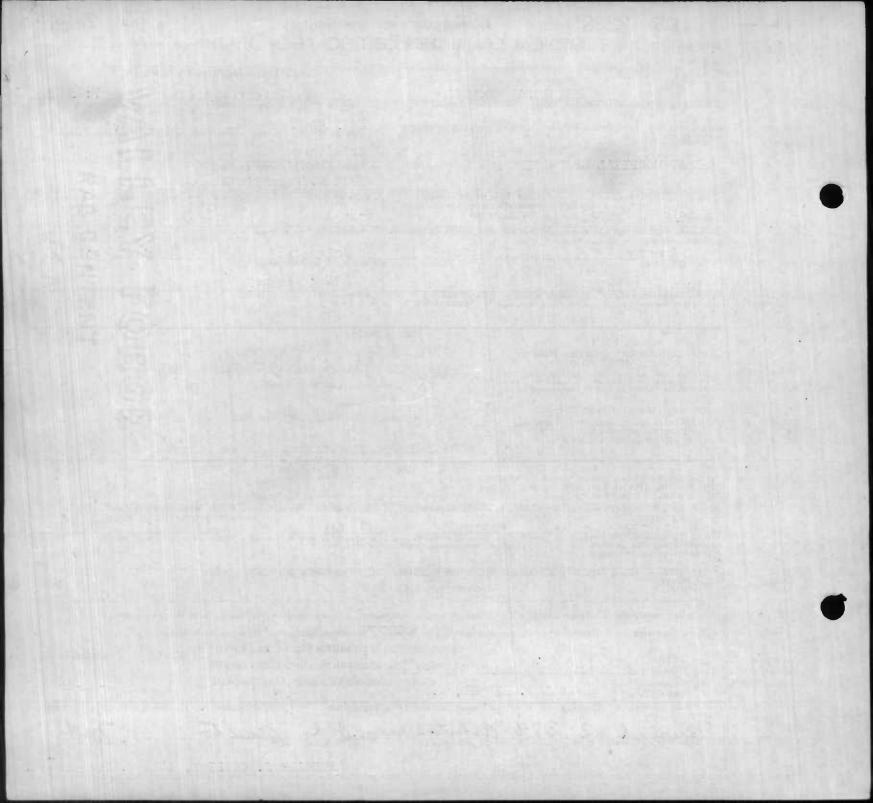
TRANSPORT SERVER STREET, SERVER SERVE

RANDOLPH J. COLLICK, 1412 E. Preston St.

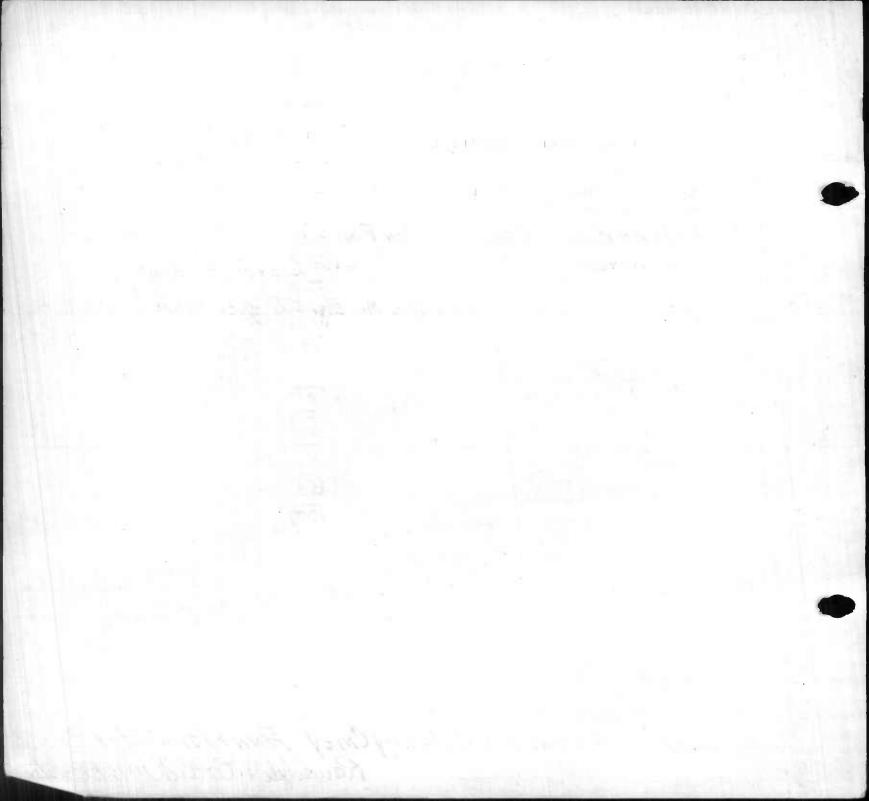
BIRTH	NO.
	BIRTH

BIRTH NO.	MED	ICAL EX	CAMINER 2 C	EKTIFICA	E OF D	EAIH Registe	red Na	
M.E. CASE NO.								
1. NAME OF DEC	CEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD	
	PATR	ICIA I	OOWELL		22 Feb	ruary 1965	7:45	AM.
	TIMORE, MARYLAND, W			4. USUAL RESID A. STATE Marylan		eceosed lived. Il insti B. COU	tution: residence belore odi NTY	mission)
HOSPITAL OR	ADDRESS OR LOCA		JTION, GIVE STREET		VN (If outside	corporate limits write	RURAL ond give townshi	p)
SINAI HO	SPITAL OF BA	LTIMORE		D. STREET ADDR	RESS (If rurol, g		21222	
						in Street	21223	04.11
Female	6. RACE Negro		NEVER MARRIED DIVORCED (specify) 3 Le	8. DATE OF BIRTH	н	9. AGE (In years last birthday)	If Under 1 Yr, If Under Months, Doys, Hours	
	UPATION (Give kind of work working life, even if retired)	kTOB. KIND O	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?	
Trimme		P1a	astics	Balti			American	
13. FATHER'S NAM	ΛE			14. MOTHER'S M.				
	Dowell_				Pinkney	7		
	O EVER IN U.S. ARMED		SECURITY NO.	17. INFORMANT			ADDRESS	
(This does	SE OR CONDITION DI LEADING TO DEATH not meon the mode of , osthenio, etc. It meons mplicolion which coused	dying, e.g.,	CAUS	of DEATH	Per	tonitis	INTERVAL BET	
DISEASES RISE TO TH UNDERLYII	ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) S NG CONDITION LAST.	ANY, GIVING TATING THE	(c)	uptured Lucor	mys	ll in te	futor of	<u></u>
H DISEASE O	NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO 1	THE					
3 2-17	-65 WAS PER	TVIC Abs	WHICH OPERATION	Yes		N CERTIFYING CAU		
UNDERLYING	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	in or about 21C. V office bldg., INJURY	VHERE DID (III	in Bollimore City, gi	ve exact location)	
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo		WHILE AT NOT NOT AT WORK	WHILE D	N DID INJUR	Y OCCUR?		
22. I cer	tify that I held an I	Inquiry 🗌	Inspection A	utapsy and	d that an this	basis, death in n	ny apinian	
resu	Ited from: Notural ca	uses	Accident Sui	_		ndetermined mann	er	
ACTUA SIGNAT		00 8,	Fisher	CHIEF M	EDICAL EXA		DATE SIG	NED
EXAMIN NAME (	VER'S DILCORT	L S. FI	SHER, M.D	ASSOCIATE M			2-23-65	5
23A, BURIAL CRE REMOVAL (Specif		23	C. NAME OF CEMETERY	or CREMATORY	23 D. LO	CATION (City,	town, or county) (S	Stote
Buri	al 2-2	7-45	arbutus m	um. Pk	. 130	elto.	moli	,
ZAM. DATE REC'D	MAR 1 1965	Robert	5 E. Laubey 14.0		OLPH J.	COLLICK. 1	ADDRESS 412 E. Presto	n St

VS 151-REV. 1/1/65



CE O	200	BALTIMORE CITY	HEALTH DEPARTMENT		CE ODGE
BIRTH NO.	229	CERTIFICA	TE OF DEATH	Registered No.	00 2229
N.E. CASE NO.			2. DATE AN	ND/HOUR OF DEATH	- 105
	UDE TRAYLO	R	2	123/-65	1 / TON
3. PLACE OF DEATH IN BA	TIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	ere decoosed lived. If in	stitution: residence before admission)
	not in hospitol or institution ress or locotion)	n, givo stroet	MARYLAND C. CITY OR TOWN (If ou	tsido city limits, write 1	KURAL ond give township)
loung	HOPKINS H	0001741	BALTIMORE	5	
JOHNS	HUPKINS H	OSPITAL	926 N. DAI	rutol, give locotion) LLAS STREE	т
MALE NE	WLDOV	ED, NEVER MARRIED VED, DIVORCED (specify) RRIED	9-15-95	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Control of the dome during most of working life,		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Lakoner		VStruction	Fairfield	S.C.	71.5.A.
13. FATHERS NAME			14. MOTHER'S MAIDEN NA	ME	
JOHN TRAYL			tiox hote	te Hopk	INS
5. Was Deceased Ever in U. (Yes, no or unknown) (If yes, gi	S. Armod Forces? ve wor or dotes of service	SECURITY NO.	17. INFORMANT	, , , , ,	ADDRESS
No		2/2-10-3815	Mn. Esse Tn	31/or 9261	V. Dasias St.
18.33/X	1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	NDITION DIRECTLY TO DEATH		CVA	T	10
(This does not meon	the mode of dying, e.			**************************************	
heart failure, astheria,	elc. It means the disea which coused death.)	5 €,			
ANTECED	ENT CAUSES	(B)		والمراقبة والمرا	
	ITIONS, if ony, givi	ng			
UNDERLYING CONDIT	couse (A) stoling t	he (C)	V	• • • • • • • • • • • • • • • • • • • •	000 0000 40 000 000 000 0000 0000 0000 0000 0000 0000
	11				
	ONDITIONS CONTRIBUT		.5		
DISEASE OR CONDITIO	N CAUSING IT.	R WHICH OPERATION	120A AUTOPSY2 (Yes or N	ON THE YES WERE	EINDINGS CONSIDERED
2 None	WAS PERFORMED	Man	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS U		21 B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	e City, give exect location)
OR CONTRIBUTING CO		nome, form, foctory, street, of	he bidg., INJURY OCCUR!		
	(Day) (Year) (Hour)	TE INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJURY (APPROX.)		While At Not While Work			
22. I certify that (I) (				19 62 10	2/25 19 65
	the deceased alive a	2 /			nion death occurred on the dat
			iew the body ofter death.		mon death accorde on the det
23A. SIGNATURE	10 1/11	7	Tew the body offer decilia		23 B. DATE SIGNED
KI KI	1 Kohh	Phy		Stoff Phys.	2/23/-65
23C. PHYSICIAN'S NAME (Typo)	J. P. K	ALCO M.D.	23D. ADDRESS	my Hon	him Home
24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE 24C	NAME OF CEMETERY OF CRE	MATORY 24D. L	OCATION /ICI	ity, town, or county) (Stole)
Bun12/	2-27-15 N	1+ Calvan	VCM+V I	NNAAn	uNdal Com.
25A. DATE REC'D BY HEALT	H DEPT. 25B. NAM	E OF REGISTRAR	25C. FUNE AL DIRECTO	RO (00 00	ADDRESS
MAR J	1960 0660	DE Tankonin	Kandolel	J. Ceolly	K1412/FPheot
VS 150-REV. 1/1/65			The state of the s	/	N TO THE TOTAL PROPERTY OF THE PARTY OF THE



Deceased

uo

## CERTIFICATE OF DEATH

Registered No.

2.	DATE	AND	HOUR	OF	DEATH	
		0 0	A 200 h		-	10

2/22/65 8:30

Тур	10	Print)	M	OOR	, Fe	nni	e L	6
D D I	A.C	FOF	DEATH	IN RALT	TIAAORE	AA A DY	LAND	-

JOHNS HOPKINS HOSPITAL

4 USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) Me MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION

M.E. CASE NO.

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside city limits, write RERAL and give

BALTIMORE
D. STREET ADDRESS (If ruro), give location)

1624 ABBOTT CT.

9. AGE (In years If Under 1 Yr. 6. RACE 7 MARRIED NEVER MARRIED If Under 24 Hrs. 5. SEX Hours WIDOWED, DIVORCED (specify) FEMALE NEGRO 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME

## CHARLIE LANGLEY 15. Was Deceased Ever in U. S. Armed Forces

(Yes, no or unknown) (If yes, give wor or dotes of service)

17. INFORMANT 6. SOCIAL SECURITY NO.

LORENZO ADDRESS

ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH Intracerebral hematoma 2 weeks (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. ft meons the disease, injury or complication which coused death.) (B) Hypertensive CV disease 35 years ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION

Pneumonia

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

(If in Boltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

OF INJURY Not While While At (APPROX.) Work At Work

WAS PERFORMED

22. I certify that (1) (this hospital) attended the deceased fram

65 that (1) (we) last saw the deceased alive an and that in (my) (aur) apinian death accurred an the date

and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE

	Mics	V.	Signe	
PHYSICIAN'S NAME (Type)	1		0	

Attending Phys. M.D. 23 D. ADDRESS

Phys. Director L

2/22/65

23B. DATE STONED

GINO V. SEGRE M.D.

Johns Hopkins Hospital

24D, LOCATION 24C. NAME of CEMETERY OF CREMATORY

Med.

24A. BURIAL CREMATION, 24B. DATE

VS 150-REV. 1/1/65

MEDICA

Y

4-T) - T-1

cde:

hospital

contributing

Such

death.

prior

deceased

deceased prior to death); and (6) No physician was in regular attendance on

written approval must

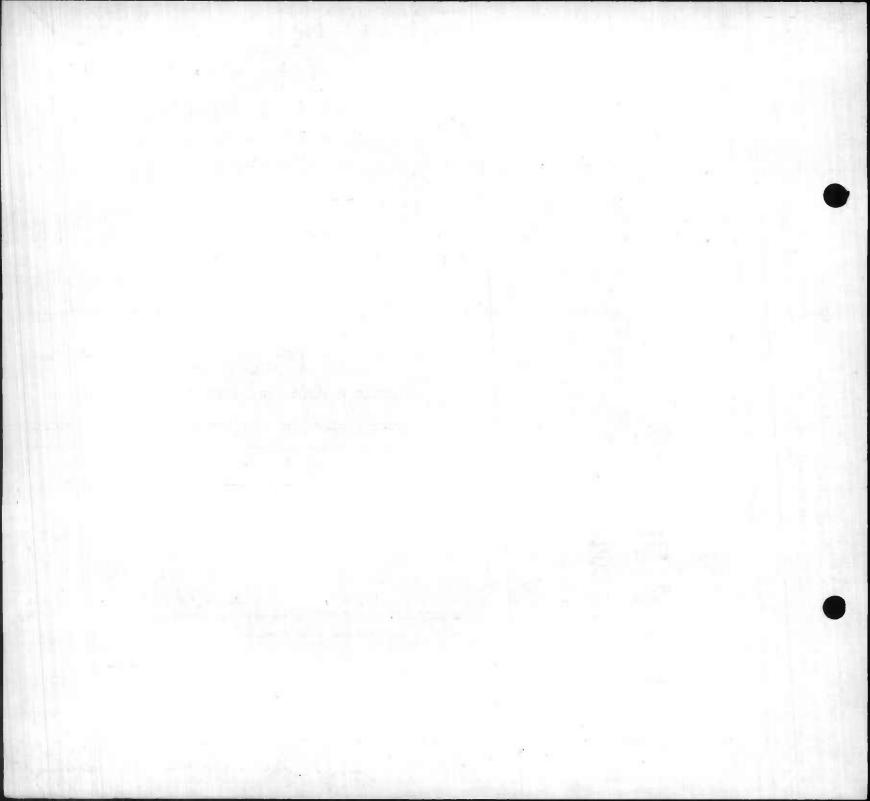
VS 150-REV. 1/1/65

was D.O.A.

attendance COUSE

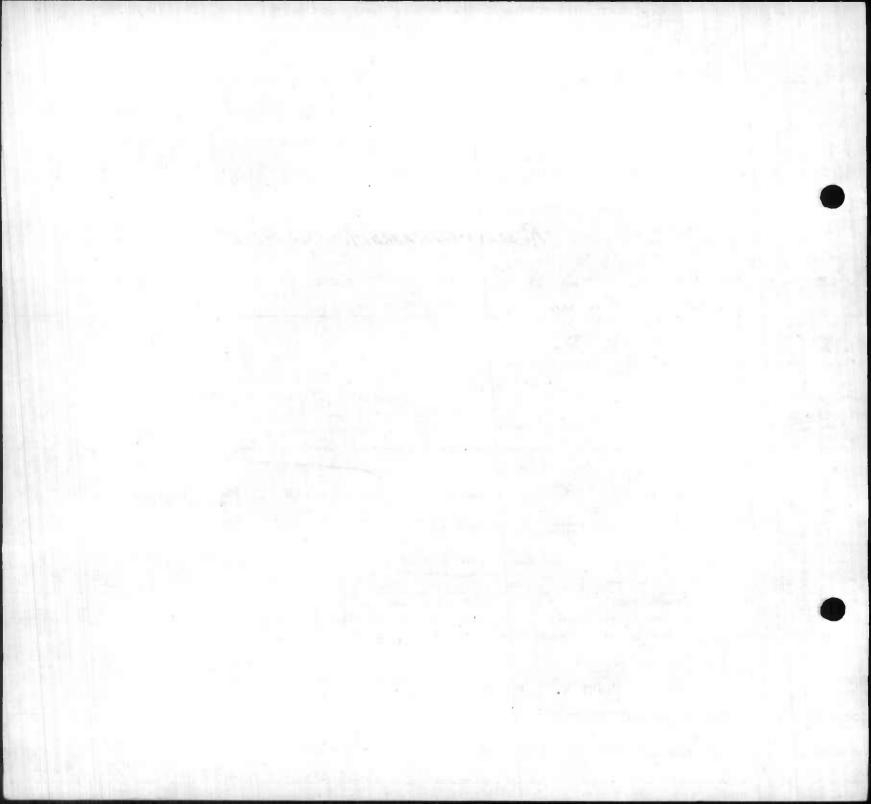
	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 2233	9
irth No. 65 2231	CERTIFICA	ATE OF DEATH	Registered Na.	00 12120.	2.
A.E. CASE NO. , NAME OF DECEASED	02.(11.10/		AND HOUR OF DEATH		
Type or Print)					n.
Paul Plansky PLACE OF DEATH IN BALTIMORE, MARYLAND		TA USUAL RESIDENCE (	bruary 25, 19	965   11:20	P /
		A. STATE B. CO	NUNTY	10 12	
FULL NAME OF (If not in hospital or institu	tion, give street	Maryland		10-0	>
HOSPITAL OR oddress or location)	- Transla-1-	C. CITY OR TOWN	f autside city limits, write	KURAL and give township)	
Baltimore City		Baltimore			
4940 Eastern A		D. STREET ADDRESS	(If rural, give location)		
Baltimore, Man		865 Hollins			
	OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours	er 24 Hrs Min.
	Married	7-4-98	66		
OA, USUAL OCCUPATION (Give kind of work 10 B. KIN		Y 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
Cone during most of working life, even if retired)		New York		USA	
3. FATHERS NAME	lello	14. MOTHER'S MAIDEN	NAME	OOA	
01/					
Kulmonn			ulenown)		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (II yes, give war or dates of sen	orice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	577-14-17	RECORDS BCH	1910 Easterr	Avenue 21224	
18. 4 22 11	CAUSE	OF DEATH	4740 2000011	INTERVAL BETW	
DISEASE OF CONDITION DIRECTLY		•		ONSET AND D	EATH
LEADING TO DEATH	(A) Pull	monary Embolus		l hour	
(This does not meon the made at dying,	e.g., DUE TO T	tule Out Myocar	dial Inforati		
heart failure, asthenia, etc. It means the dis injury ar camplication which caused death.)	ease,	tale out ity octal	arar rinaroo	.011	
ANTECEDENT CAUSES	(B) Chr	onic Obstructi	ve Emphysema	years	
DISEASES OR CONDITIONS, if any, g	DUE TO				
rise to the above cause (A) sloting		eriosclerotic	Cardiovastula	r Disease ve	ars.
UNDERLYING CONDITION last.	area a h. f b a area a		99 1 2 2 2 2 2 2 2 4 7 5 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
O THE DEATH BUT NOT RELATED TO					
DISEASE OR CONDITION CAUSING IT.	Caro	inoma of Lung			
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?	
		No			
OR CONTRIBUTING CAUSE OF	home, lorm, lactary, street,	in or about 21 C. WHERE DI	D (If in Boltimo	ore City, give exact location)	
DEATH Inotily medical examiner	etc.)				
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	2710	
E (APPROX.)	While At Not W				
22. I certify that (I) (this haspital) attend			(2 m 1	ruary 25.	10
	dad the deceased from	-11111/1/	10 D 5 A. NO!	10 Z Tree Car teach	a ha

and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 238. DATE SIGNED Attending Phys. Med. Stoff Phys. M.D. 2-25-65 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) Robert Cooke 4940 Eastern Avenue 21224 M.D. 24A. BURIAL CREMATION, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. NAME OF ADDRESS



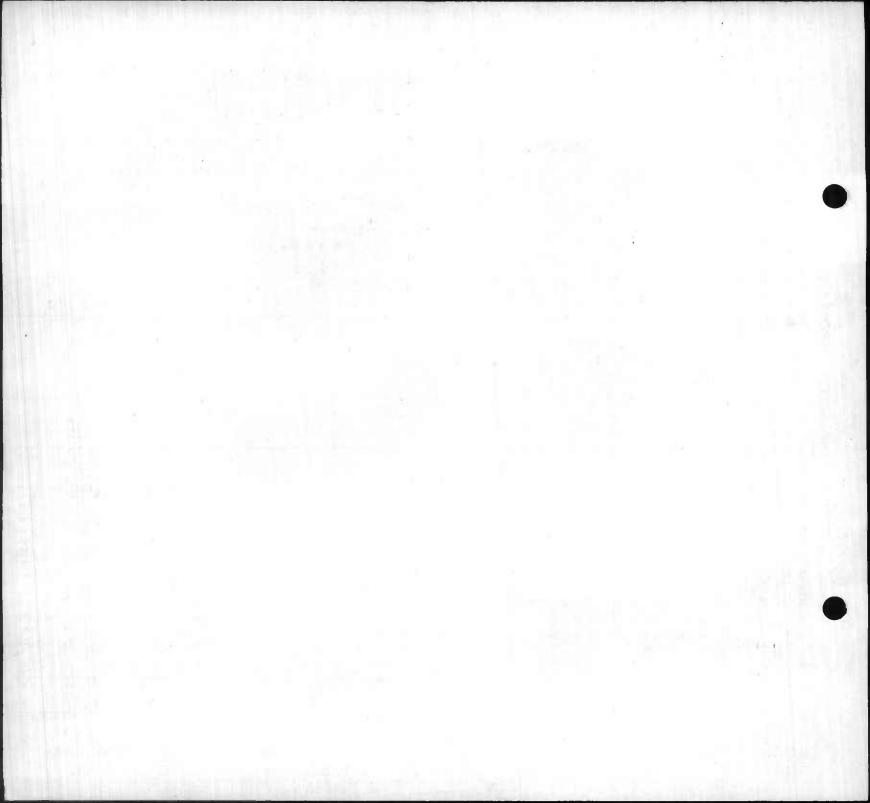
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

65 2232	BALTIMORE CITY I	HEALTH DEPARTMENT		CE 0000
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	00 6636
M.E. CASE NO.  1. NAME OF DECEASED (Type or Pint)	1	2. DATE AND	HOUR OF DEATH	01 1 -
568/01 U		IER	3:50 Nih	1 1 25 65 M.
3. PLACE OF DEATH IN BALTIMORE, MARYCAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If instit	utien: residence before edmissien)
FULL NAME OF (If not in hospital or institution, given HOSPITAL OR oddress or lecotion)		C. CITY OR TOWN (If euts	ide city limits, write RUF	RAL end give township)
		D. STREET ADDRESS III II	urel, give location)	12200
University HORDI	(8)	3852 2UA	RRY AVE	
VVI A)	DIVORCED (specify)	6/29/01	est birthdold 3	f Under 1 Yr. If Under 24 Hrs. Aenths: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF B done during most of working life, even if retired)	USINESS OR INDUSTRY	1. FIRTHPLACE (State or fereig	n country)	2. CITIZEN OF WHAT COUNTRY?
PLASTERER RUSSEL	L-BLIZZARY	MARYLAN	YD	26.5.
13. FATHER'S NAME		4. MOTHERS MAIDEN NAM	E	
Jobn 1. 405106		6.23	lump	
(Yes, no or unknewn) (II yes, give wor or dotes of service)	SECURITY NO.	7. INFORMANT	1	ADDRESS
YES IN W. W.		CKB		
18. 334XI	CAUSE OF	DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	( N	Line Mrest		
(This does not mean the mede of dying, e.g., heart failure, asthenia, etc. II means the disease,	DUE TO	1	A	000 <b>0</b> m wa 9m delatus ( 9m delata 9 <del>delata 9 delata 9 del</del> ata 9 delata 9
injury or complication which caused death.)		10/11/201	. Done	
ANTECEDENT CAUSES	DUE TO	U 401 VOSLUVEY	(TOXO) YC	mm <sup>©</sup> = mmm c m m a - m c m g = m a c m g m ( a c m d m m m m m m m m m m m m m m m m m
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)			
UNDERLYING CONDITION Iasi.		***************************************		•••••••••••••
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			gypalature (III)	
19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes er No)	208. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF 21B. PI	ACE OF INJURY (e.g., in form, fectory, street, efficiency	er obout 21C WHERE DID	(If in Boltimore C	ity, give exect locetien)
U'		9		
OF INJURY	Net White	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	At Work	+12	ala	115
22. I certify that (I) (this hospital) attended the	deceosed from	1.0519	10 01/2	2/0519
that (I) (we) lost sow the deceased alive on	1/2/02		t in (my) (our) opinio	on death occurred on the date
and hour and from the couses stoted obove((1))	We) (did) (did not) vie	w the body ofter death.	122	B. DATE SIGNED
South yetors	Phys.	Director L	Stoff hy s.	2/25/65
PHYSICIAN'S John W. Eckhold	t   23	D. ADDRESS	~	
24A. BURIAL CREMATION, 24B. DATE .   24C. NAM	LE OF CEMETERY OF CREM	VMV N	CATION (City,	(51-1)
REMOVAL (Specily)	Da al a C	0 - 1 0	Tolly,	town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPTY 25B, NAME OF	REGISTRARIA	125C. FUNERAL DIRECTOR	1210 GO	ADDRESS COLVE
MAR 1 1965 R.C. 6	tarber MA	(Pertinit	Amman/	3FISKOPALL
VS 150-REV. 1/1/65	,	order O	i ver d'euro	20101101019



VS 150-REV. 1/1/65

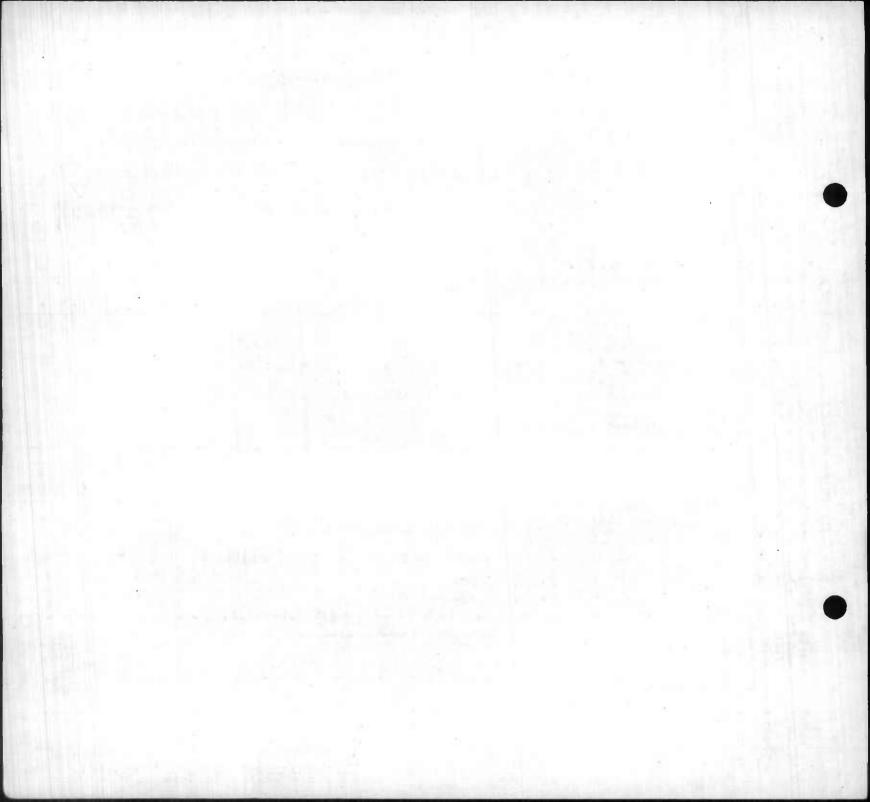
			BALTIMORE CITY	HEALTH DEPARTMENT		65 2233
BIRTH NO.	65 2233		CERTIFICA	TE OF DEATH	Registered Na	
M.E. CASE NO.	CEASED		OLIKTII TO		D HOUR OF DEATH	
T D.:-4)	EINAR J. CHRI	STEMSEN			221 1965	7:15 P
	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (Where	e deceased lived. If in	stitution: residence before admission
				Md.	TY	705
FULL NAME (			give street		side city limits, write li	RURAL and give township)
INSTITUTION				Baltimore	and only mining, while i	touris one give lownemp,
303	3 Fleetwood A	ve.			rural, give location)	
				3033 Fleetwo	ond Ave.	
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. II Under 24 Hrs Months: Doys Hours Min.
Male	Cauc.		D, DIVORCED (specify)	4-1-85	ost birthdoy) 79	Williams Doys Hours Williams
		k 10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or forei		12. CITIZEN OF WHAT COUNTRY?
one during most of Master	f working life, even if retired)	Mefc	hant Marine	Denmark		USA
MELS C	ME			14. MOTHER'S MAIDEN NAM	ΛE	ODIL
	1 E 11 C A	2	114 500:41	HanSrigne		ADDRESS
	d Ever in U.S. Armed Fo		SECURITY NO.	Mrs. Gerda Chris	tongon ZOZZ	
				Mrs. Gerda Unris	stensen 5055	Fleerwood Ave.
18. 3	OVI		CAUSE O	DEATH	1114	INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI			. / / 77	1	
	LEADING TO DEATH		(A) C6	erebral Invo	1mb0515	19 month
	not meen the mode of , asthenio, etc. It means		DUE TO		,	
injury or co	mplication which caused	deoth.)	(	erebral Thro	stomaschen	200
	ANTECEDENT CAUSES	5	DUE TO	4117	V 1 CV 1 V 3 C 1 CV	043
	OR CONDITIONS, if					-97116
	he above couse (A) IG CONDITION last.	siding me	(0)			
	- 11					
OTHER SIGN	VIFICANT CONDITIONS					
DISEASE OF	DEATH BUT NOT REL		ME			
OTHER SIGN TO THE I DISEASE OF		IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	10 208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
0						
OR CONTRIB	ENT WAS UNDERLYING DE CAUSE OF	ho	me, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
)	fy medical examiner	eto	Co)			
21D. TIME	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)			hile At Not While At Work			
22 1 consider	y that (I) ( <del>this hospi</del> ta				963 102-	2-2 - 1965
	r) last saw the deceas			A		
					at in (my) ( <del>agr)</del> api	nian death accurred an the do
		ited abave.	(I) (We) (did) ( <del>did not)</del> v	iew the bady after death.		DATE SIGNIES
23A. SIGNAT	URE O /	0	AA D Atte	ending Med.	Stoff	23B, DATE SIGNED
M	ellon X-4	weg	Phy	s. Director	Phys.	2-23-65
23C. PHYSICI	AN'S Type)			23D. ADDRESS		
	M.C. Lang	/	M.D.	2117 Belair Ros	ad	
4A. BURIAL CR	EMATION, 248, DATE	24C. N	NAME of CEMETERY OF CRE	MATORY 24D. LC	OCATION (Ci	ty, town, or county) (State)
Burial	(Specily) 2-25-68	5 B	alto. National	Ba	ltimore, Md	
5A. DATE REC'I			OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	2201 1 DAN	DO 6	- E. Farber M.A		aral Home Br	altimore, Md.
	COCI T NAIL	ULAURUN	7	OTTTTOIL TOUR	PY OF HOME DE	THU .



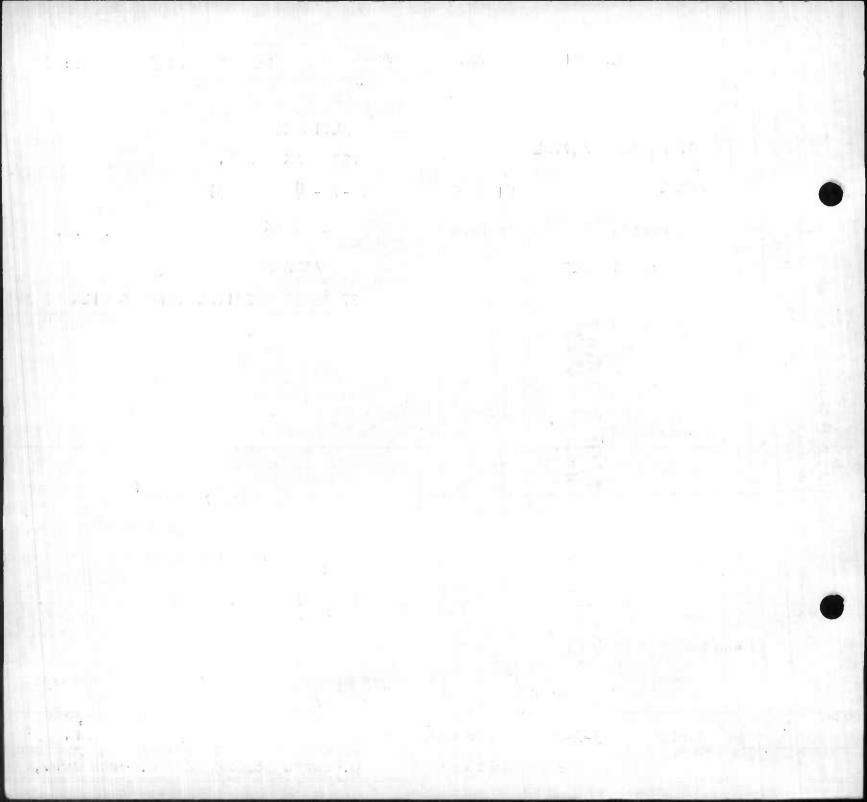
## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

65 9224	BALTIMORE	ITY HEALTH DEPARTMENT		05 000	
BIRTH NO. 65 2234	CERTIFIC	ATE OF DEATH	Registered No	. 65 2234	
M.E. CASE NO.		2. DATE A	AND HOUR OF DEAT	н	
(Type or Print)	TD Tm			1300 H	
HENRY HECKE	RYLAND		22, 1965	institution: residence before odmissi	
	or institution, give street	A. STATE B. COU		71)6	
HOSPITAL OR oddress or locofion) INSTITUTION House In The Pines-Belvedere		C. CITY OR TOWN (If o	C. CITY OR TOWN (If outside city limits, wife RURAL and give township)		
		Baltimore	Baltimore		
nouse in the	THICH-BOLVOUCE		If rurol, give location)		
		OFFICE Francis	Ja A		
5. SEX   6. RACE	7. MARRIED. NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24	
	WIDOWED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min	
Male Cauc.	Widowed	6-21-77	87		
IDA, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
Baker		Maryland	Maryland USA		
13. FATHERS NAME	1	14, MOTHER'S MAIDEN N.	AME		
Henry Hecker, Sr.					
5. Was Deceased Ever in U.S. Armed For (Yes, no or unknown) (If yes, give war or date	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	17. INFORMANT ADDRESS		
		Elmer Hecker 5	613 Hawthon	me Cheverly, Md.	
1B. (2)	CAUS	E OF DEATH		INTERVAL BETWEEN	
DISEASES OR CONDITIONS, if					
UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITION SOLD TO THE DEATH BUT NOT RELADED TO THE DISEASE OR CONDITION CAUSING 1	CONTRIBUTING ATED TO THE				
UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONDITION	CONTRIBUTING ATED TO THE IT. FOITION FOR WHICH OPERATION		Noil 208, IF YES, WEF	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING TO THE PROPERTY OF THE PROPE	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED    218. PLACE OF INJURY (e		No) 208. IF YES, WEF	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
UNDERLYING CONDITION losf.  II  OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IN 19A. DATE OF OPERATION 19B. CON WAS PER OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)	CONTRIBUTING ATED TO THE IT.  ADITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e home, form, foctory, stree	20 A. AUTOPSY? (Yes or I	No) 20B. IF YES, WEI IN CERTIFYING (	CAUSES OF DEATH?	
UNDERLYING CONDITION losf.  II  OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 198. CON WAS PERIOD 198. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  DEATH (notify medical examiner)	CONTRIBUTING ATED TO THE IT. HOITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e home, form, foctory, stree etc.)  (Hour) 21E. INJURY OCCURRED While At Not	20 A. AUTOPSY? (Yes or I	No) 20B. IF YES, WEI IN CERTIFYING (	CAUSES OF DEATH?	
UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IN 19A. DATE OF OPERATION 19B. CON WAS PER UNDERLYING CAUSE OF OPERATION 19B. CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	CONTRIBUTING ATED TO THE IT.  HIDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e home, form, foctory, stree etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Work  At W	20 A. AUTOPSY? (Yes or I	No) 20B. IF YES, WEF IN CERTIFYING ( (If in Boltin	nore City, give exact location)	
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISED OF CONDITION CAUSING IN 198. CONDITION CAUSING IN 198. CONDITION CAUSING IN 198. CONDITION CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  OF INJURY	CONTRIBUTING ATED TO THE IT.  HIDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e home, form, foctory, stree etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Work  At W	20 A. AUTOPSY? (Yes or I	No) 20B. IF YES, WEI IN CERTIFYING (	nore City, give exact location)	
UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IN 19A. DATE OF OPERATION 19B. CON WAS PER UNDERLYING CAUSE OF OPERATION 19B. CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e home, form, foctory, stree etc.)  (Hour) 21E. INJURY OCCURRED While At Not Work  1) attended the deceased fram	g., in or about 21C. WHERE DID It, office bidg., INJURY OCCUR?	(If in Boltin	CAUSES OF DEATH?	
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Doy) (Year)  OF INJURY (APPROX.)  22. I certify that (1) (this haspital	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e home, form, foctory, stree etc.)  (Hour) 21E. INJURY OCCURRED While At Not Work  Not work  1) attended the deceased fram	20 A. AUTOPSY? (Yes or I	No) 20B. IF YES, WEF IN CERTIFYING (  (If in Boltin  NJURY OCCUR?	Full 19 C	
UNDERLYING CONDITION loss.  II  OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING WAS PERION 19A. DATE OF OPERATION 19B. CONWAS PERION CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year)  OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) last saw the decease	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e home, form, foctory, stree etc.)  (Hour) 21E. INJURY OCCURRED While At Not Work  Not work  1) attended the deceased fram	20 A. AUTOPSY? (Yes or I	No) 20B. IF YES, WEF IN CERTIFYING (  (If in Boltin  NJURY OCCUR?	Full TIPE 19 C	
UNDERLYING CONDITION loss.  II  OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISED OF CONDITION CAUSING IN 198. CON WAS PERION OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year)  22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and from the causes star	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e home, form, foctory, stree etc.)  (Hour) 21E. INJURY OCCURRED While At Not Work  Not work  1) attended the deceased fram	g., in or about 21 C. WHERE DID t, office bldg., INJURY OCCUR?  21 F. HOW DID IN While and the body after death	ODE OF YES WES IN CERTIFYING OF THE COLUR?	Fall 19 C	
UNDERLYING CONDITION loss.  II  OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 198. CON WAS PERIOD 199. DEATH (noisify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (noisify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and fram the causes stated 23A. SIGNALURE	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e home, form, foctory, stree etc.)  (Hour) 21E. INJURY OCCURRED While At Not Work  Not work  1) attended the deceased fram	g., in or about 21C. WHERE DID t, office bldg., INJURY OCCUR?  21F. HOW DID IN While Order  19 and att) view the body after death  Attending Phys.	ODE OF YES WEE IN CERTIFYING (If in Bolting NJURY OCCUR?	Fall 19 C	
UNDERLYING CONDITION loss.  II  OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING ON WAS PERIOD OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year)  22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and fram the causes star	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e home, form, foctory, stree etc.)  (Hour) 21E. INJURY OCCURRED While At Not Work  Not work  1) attended the deceased fram	g., in or about 21 C. WHERE DID t, office bldg., INJURY OCCUR?  21 F. HOW DID IN While and the body after death	ODE OF YES WES IN CERTIFYING OF THE COLUR?	Fall 19 C	
UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING DISEASE OF CONDITION CAUSING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year)  OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and fram the causes stated and haur	CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e home, form, foctory, stree etc.)  (Hour)  21E. INJURY OCCURRED While At Not Work  At W  I) attended the deceased fram ed alive an  ted above. (I) (We) (did) (did not like the deceased fram	20 A. AUTOPSY? (Yes or I	Old in Bolton  Old in	Fall 19 C	
UNDERLYING CONDITION loss.  II  OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CAUSE OF INJURY (APPROX.)  22B. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and fram the causes stated as a contribution of the course stated as a c	CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e home, form, foctory, stree etc.)  (Hour)  21E. INJURY OCCURRED While At Not Work  At W  I) attended the deceased fram ed alive an  ted above. (I) (We) (did) (did not like the deceased fram	20A. AUTOPSY? (Yes or Inventor of Inventor	Old in Bolton  Old in	pore City, give exact locotion)  Full 19 C  Appinion death accurred on the	
UNDERLYING CONDITION loss.  II  OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO THE DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and fram the causes stated and haur and fram the causes and haur and fram the causes stated and haur and fr	CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e home, form, foctory, stree etc.)  (Hour) 21E. INJURY OCCURRED While At Not Not Not Not Work  1) attended the deceased from ted above. (1) (We) (did) (did not	20A. AUTOPSY? (Yes or I  Op., in or about 21C. WHERE DID  t, office bldg., INJURY OCCUR?  21F. HOW DID IN  While  19 and  att) view the body after death  Attending Phys.  23D. ADDRESS  A.D. 3700 Park Hei  CREMATORY 24D.	Old in Boltin  Old in	pinian death accurred an the	
UNDERLYING CONDITION loss.  II  OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and fram the causes stated and haur and fram the cause stated and haur and fram the cause stated and haur and fram the cause stated and h	CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e home, form, foctory, stree etc.)  (Hour) 21E. INJURY OCCURRED While At Not Work  At W  1) attended the deceased fram and alive an ted above. (1) (We) (did) (did not led above. (1) (We) (did) (did not led above. (1) (We) (did) (A)  24C. NAME of CEMETERY or  24C. NAME of CEMETERY or	g., in or about 21C. WHERE DID t, office bldg., INJURY OCCUR?  21F. HOW DID IN  While	Old 120B. IF YES, WES IN CERTIFYING (If in Boltin NJURY OCCUR?  19 (Lata Lata Lata Lata Lata Lata Lata Lat	pinian death accurred an the spinian death accurred (Stote City, town, or county) (Stote City, town, or county)	
UNDERLYING CONDITION loss.  II  OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING II  19A.DATE OF OPERATION 19B. CON WAS PER  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year)  OF INJURY (APPROX.)  22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and fram the causes stated 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Lester Kolman REMOVAL (Specify)	CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e home, form, foctory, stree etc.)  (Hour) 21E. INJURY OCCURRED While At Not Not Not Not Work  1) attended the deceased from ted above. (1) (We) (did) (did not	20A. AUTOPSY? (Yes or I  Open in or about 21C. WHERE DID  the office bldg., INJURY OCCUR?  21F. HOW DID IN  While and after death  Attending Atten	OR STORY OCCUR?  IN CERTIFYING OF THE CONTROL OF THE CONTROL OCCUR?  OR STORY OCCUR?	pinion death accurred on the	



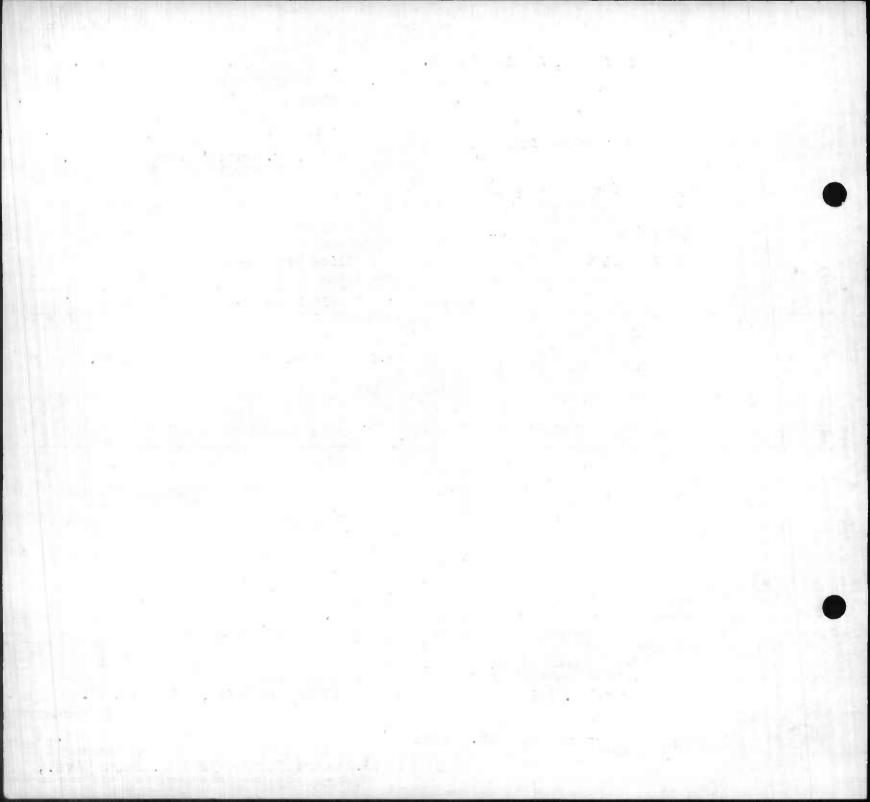
VS 150-REV. 1/1/65



~
4
TAN
~
MPORT
0
0
=
-
-:-
0
63
DIRECTOR:
-
••
<u></u>
-
7
-
ERA
W
7

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	OF 9990		BALTIMORE CIT	Y HEALTH DEPARTA	MENT	CE 0000
BIRTH NO.	65 2236		CERTIFICA	ATE OF DEA	TH Registered N	65 2236
N.E. CASE NO. I.NAME OF OE Type or Print)	CEASEO Williamson,	Jennie			DATE AND HOUR OF OEA 2/27/65	
PLACE OF D	EATH IN BALTIMORE, MA				CE (Where deceased lived, I	If institution: residence before admissi
FULL NAME	OF (If not in hospital	as institution	owe steed	Maryland		
HOSPITAL OR	address at location	1)	give ander			ite RURAL and give township)
				Beverna	Park	62-00
Montebe	ello State Hos	pital			\$ (If turol, give location)	
				-	St. Martin's	
Female	6. RACE White		NEVER MARRIED D. DIVORCED (specify)	5/9/1892	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months; Doys Hours Mir
	CUPATION (Give kind of work	10B. KIND OI	F BUSINESS OR INDUSTR	11. BIRTHPLACE (Stot	te or fareign country)	12. CITIZEN OF WHAT COUNTRY?
	of wasking life, even if retired) <b>OWIFO</b>			Marylan	d	USA
3. FATHER'S NA				14. MOTHER'S MAIL	DEN NAME	
Thomas	B Clift			Alice M	lae Busch	
5. Was Decease	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADORESS
No	(If yes, give war ar date	s of service)	SECURITY NO.		Dogondo	
	1		Unknown	Hospital	Vecolue	
18. /5	318		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DIR LEADING TO DEATH	ECTLY				
(This does	nal mean the made of	dying, e.g.,	OUE TO AT	cinoma of c	olon	one yr.
	e, asthenia, etc. It means implication which caused					
injury at co	ANTECEDENT CAUSES	000111.7	(B)			
DICEACEC			OUE TO		OCO de un O car de un lacemay en commença qui desprene confer y recologia de desprenda que de compressa de de deste del	
	OR CONDITIONS, if the above cause (A)				200 x 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
UNDERLYIN	NG CONDITION last.		स्त्र स्वाच्या को कारण की की पत की स्त्र की स्त्र		3 0 0 m 0 0 0 4 w 6 0 0 0 m m m 0 0 0 w v m m 0 m 0 0 m n m m m 0 0 m m m m m m m	
E TO THE	II NIFICANT CONDITIONS C DEATH BUT NOT RELA	TEO TO TH	G IE			
	R CONDITION CAUSING I		WHICH OPERATION	T20A. ALLTOPSY? (Y	(es or No) 20B. IF YES WE	RE FINDINGS CONSIDERED
19A. DATE O	WAS PERI		William W. Charliett		IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF OEATH?
21A. ACCID	ENT WAS UNDERLYING	218	PLACE OF INJURY (e.g.,	in at obout 21 C. WHER	E DID (If in Boltin	more City, give exact location)
OR CONTRI	BUTING CAUSE OF	hon	ne, faim, foctory, street,	office bldg., INJURY O	C CU R?	
21 D. TIME	(Month) (Day) (Year)	(Haud 215	INJURY OCCURRED	215 HOW	DID INJURY OCCUR?	
OF INJURY	William (Day) (Team		nile At Not Wh		DID INJURY OCCUR?	
(APPROX.)		Wo	ork At Work			
	y that (I) (this hospital			10/23/64		/27/65 19
that (I) (we	e) last saw the decease	d alive an	2/27/65	19	and that in(my) (aur)	apinion death accurred on the
	nd fram the causes stat					
23A. SIGNAT						23B, DATE SIGNED
	86.09	2	M.D. AI	lending Med.	Staff Phys.	2/27/65
23 C. PHYSICI	IAN'S	- vice	· ·	230. AODRESS	rnys, 🗀	
NAME	(Type Daniel G. L	ai	M.O.		gonne Drive, B	altimore, Md.
	REMATION, 24B. DATE		AME of CEMETERY of CI	and the same that the same		
REMOVAL	(Specify)		CHARLES IN THE RESERVE	CONTAINE	24D. LOCATION	(City, lawn, or county) (Slot
Burial	3-2-19		It.Olivet		Baltimore	
	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL D		AODRESS
	MAK 1 1965 (	Kobal	E. Jankey Mill	G. Howard	Strong 3207	W. North Ave.
S 150-REV. 1/1	/65					



12	BALTIMORE CITY HEALTH DEPARTMENT
. L	BIRTH NO. 65 2237 CERTIFICATE OF DEATH Registered No. 65
death. Such	1, NAME OF DECEASED  (Type or Print) Miss Irene Polores Cady  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Whore decoased lived, If institution: residence before oddission)  A. STATE  B. COUNTY
to de	FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location)  C. CITY OR TOWN (If outside city limits, white RURAL and give township)  Ballimare
Je.	The Union Memorial Hospital D. STREET ADDRESS (If rurol, give locotion) Ave
DDIII SI I	5. SEX  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)  8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Hours Min.  10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
no listode in	13. FATHER'S NAME  14. MOTHER'S MAME  14. MOTHER'S MAME  14. MOTHER'S MAME  15. FATHER'S NAME
	15: Wos Decedsed Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yos, give wor or doles of sorvice)  16. SOCIAL SECURITY NO.
	CAUSE OF DEATH  CAUSE OF DEATH  INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH  (A) Collagen Vascular Disease 3day
	heart failure, asthemic, etc. It means the disease, injury or camplication which caused death.)  2 Fry the ma Multi Corme
	ANTECEDENT CAUSES  (B)  (B)  DUE TO
	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the
	UNDERLYING CONDITION last,
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (II in Boltimoro City, give exect locotion)
	OR CONTRIBUTING CAUSE OF home, form, foctory, stroot, office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Yoor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At At Work At Work
	22. I certify that (this hospital) attended the deceased from 2/24 1965 to 2/27 1965
	that (9) (we) last saw the deceased alive an 2/27 19 6.5 and that in (99) (our) aplnion death accurred on the da
	and haur and from the causes stated above. (We) (did) (didnot) view the bady after death.  23A. SIGNATURE/  23B. DATE SIGNED
	Med. Soman M.D. Attending Med. Stoff Phys. 3/1/65
	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
	ALTBED G. OSSMAN JR. M.D. 1010 St. Paul Street Balto., Md.
	24C. NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county) (Stote)
	Burial 3-3-1965 New Cathedral Cemetery Baltimore, Md.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR HC. FUNERAL PLANE OF REGISTRAR ADDRESS 21212
	MAR 1 1965 A Land E E Land H. W. Jehkins & Sons Co RoadBalto M

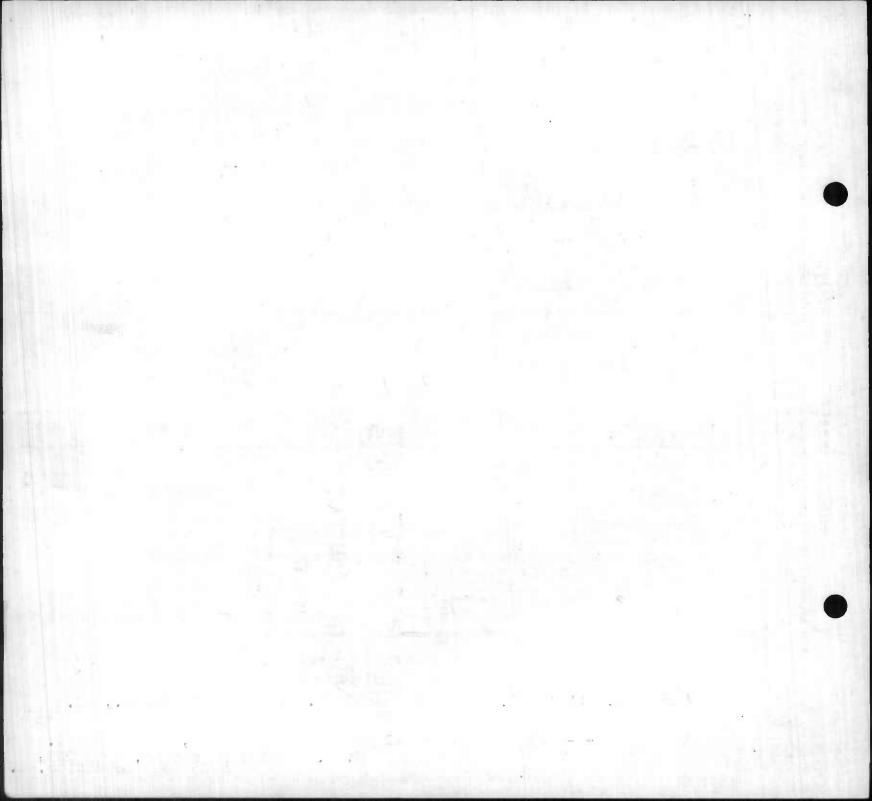
24C. NAME OF CEMETERY OF CREMATORY 248. DATE 24D, LOCATION Burial 3-3-1965 New Cathedral Cemetery Baltimore,
25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAN
4905

MAR 1 1965 Robert E. Son
4905 1965

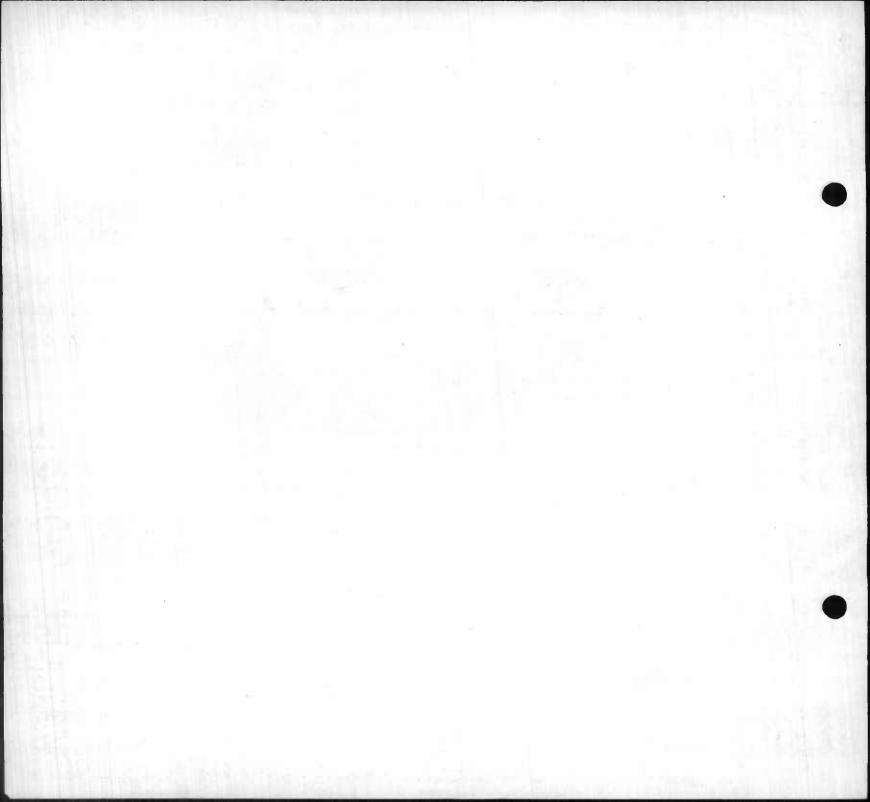
more, Md. & Sons Co. ADDREZ1212 4905 York RoadBalto.Md.

VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT		65 2238
BIRTH NO. 65 2238	CERTIFICA	TE OF DEATH	Registered No.	00 2230
I, NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print)	-OK		b 26/65	1 805 8 M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	OCA	4. USUAL RESIDENCE When		titution; residence before admission)
		A. STATE B. COUN		
FULL NAME OF (If not in hospital or institution, g	ive street	MD. B.	ALTO.	1202
HOSPITAL OR oddress or location)				JRAL and give township)
		BALTO.		
MARYLANDER APTS			rurol, give location)	
3501 ST PAUL ST		3501 57	PAUL ST	
	NEVER MARRIED		9. AGE (In years	If IIndex 1 Ye   If IIndex 24 Her
	DIVORCED (specify)	B. DATE OF BIRTH	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
THE MAR	RIED	HAY 7 1894	70	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of forei	gn Country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	. 207 4			
SALES SupERVISOR BALTO.	GAS & ELECT, C	14. MOTHER'S MAIDEN NAM	2	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
HENRY M POLLOCK		12.122 11	He alani	man punn
15, Was Decedsed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	He NAME	ADDRESS
(Yes, no or unknown) (III yes, give wor or dotes of service)	SECURITY NO.	,	2.00	
YES WWI	212-05-6612	1/31/501 7	Pallack	3501 ST PAUL S
1B. 1 4 9 V	CAUSE O	DEATH	TORRECK	INTERVAL BETWEEN
1011				ONSET AND DEATH
DISEASÉ OR CONDITION DIRECTLY LEADING TO DEATH	a.	cinoma of	Romebon	AEC 13/6, 4
	(A) La	-constra of	Joracon	TO 26/6)
(This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the discose,	DUE TO			
injury at complication which coused death.)				
ANTECEDENT CAUSES	(B)		, n p q q n, n q q q n q q q n q n q q n q n	LLLOA AGAN AWAD H H V V V V V V V V V V O O O O O AALLOA O O O O O O O O O O O
	DUE TO			
DISEASES OR CONDITIONS, if ony, giving	(C)			
UNDERLYING CONDITION last.	1 6/			
- 11				
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	, 1	D. 1 1	1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Hepa	lie com	el .	
DISEASE OR CONDITION CAUSING IT.				INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	THICH OFERALION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	SES OF DEATH?
<u>a</u> 0				
O 21A. ACCIDENT WAS UNDERLYING   21B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(II in Boltimore	City, give exact tocotion)
DEATH (notify medical examiner) etc.)				
21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJ	IIPY OCCIIP?	
U OF INJURY			ON! OCCOR:	
(APPROX.) V	e At Not While			
		ic/3	1964 10 Fal	19/2
22. I certify that (I) (this hospital) attended th				1965
that (1) (we) lost sow the deceased alive on	te4 26	19.6ond th	ot in(my) (our) opin	ion death accurred on the dot
ond hour and from the causes stated above. (i)	(We) (did) (did not) v	iew the body after death.		
23A. SIGNATURE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and addition		23B. DATE SIGNED
21	AA D Atte	nding Med.	Stoll .	0/0//
Heram Tried	M.D. Atte		Phys.	776/65
23C. PHYSICIAN'S		3D. ADDRESS	4 11	1
NAME (Type)	ed M.D.	316 med as	te Alola	B-01, 1 md
STUUR I		310 11000	1	180000 ( 11 -11
24A. BURIAL CREMATION, 24B. DATE 24C. NA REMOVAL (Specily)	ME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	y, town, or county) (Stote)
2-7 15	K LAWN	TZ.	11 20	UD.
25A, DATE REC'D BY HEALTH DEPT.   25B. NAME O		25C. FUNERAL DIRECTOR	LFOI	ADDRESS
MAD 1 1005 0 0 B	S Jaleu M.A.	/////		-1/ 3
MAK 1 1300 Clober	C, 100	HIW. JENKINS	& Jours 49	as YORK KD.
VS 150-REV. 1/1/65				/



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BERNT WILLIAM ZEPHT	BALTIMORE CITY	HEALTH DEPARTMENT		CE OOG
BIRTH NO. 65 2239	CERTIFICA	TE OF DEATH	Registered No.	65 2239
M.E. CASE NO.  1. NAME OF DECEASORIT  (Type or Print)	M ZEBH	2. DATE AN	NO HOUR OF DEATH	5 59 A. M
3. PLACE OF DEATH IN BALTIMORE MARYLAND CERTIFICATE CORRECTED TUTL NAME OF III not in haspital or institution and oddress or locotion)	)=0400	MARILAND B. COUN	BALTIMORE	nstitution: residence before admission)
INSTITUTION		BANTYAG		RURAL offd give township) =
DWON MEMRIES	(05R17AZ	11 200	rural, give location) RTH HILL	as
	NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND done during most of working life, even if retired)	HORMA ENTER	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		14. MOTHERS MAIDEN NA	ME LL CHICKEN	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of servi	ANY 00-	17. INFORMANT WIFE MR	5. ZEPHY	ADDRESS SAMC
1B. / / /	CAUSE 0	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	<u> </u>			ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	(A) QUQW	ious carcinoma of the	he larynx	@ Gweeks
heart failure, asthenia, etc. It means the diser				
ANTECEDENT CAUSES	(B)		the francisco de fra come a serior se come and fraince to a democraticity to the	
DISEASES OR CONDITIONS, if any, give	DUE TO			
rise to the obove cause (A) stating UNDERLYING CONDITION last.	the (C)		*************	
II	TING THE			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.)	ar about 21C. WHERE DID	(If in Boltimar	e City, give exact lacation)
OF INJURY (Month) (Day) (Year) (Haur)	21E INJURY OCCURRED	N/A 21F. HOW DID INJ	TURY OCCUR?	
(APPROX) N/A	While At Wark  Nat While At Wark	. D	A	
22. I certify that (1) (this hospital) attended			19 <u>G 5 ta</u> <u>2</u>	7 866 1955
that (H) (we) last saw the deceased alive	an 2-8468	19 <u>S</u> and th	nat In (my) (aur) api	nlan death accurred on the date
and haur and from the causes stated abave	e. (1) (We) (did) (did-not)	iew the bady after death.		Tool Bass Makes
23A. SIGNATURE	M.D. Atte	ending Med.	Staff	23B. DATE SIGNED 27 F665
23C. PHYSICIAN'S NAME (Type)	Phy	23D. ADDRESS	Phys. L	0 11 mov
WILLIAM F. COX, 194	M.D.	1/1857. Jan.	51. 72	
	altimore Nation	onal Ba	ltimore,	ity, tawn, ar county) (State) Md •
MAR 1 1965	AE OF REGISTRAR DEUMAN	H. W. Jenki	ns & Sona	Co Balto, Md.
VS 150-REV. 1/1/65				

4

65 9940

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

65	2240
	7.0

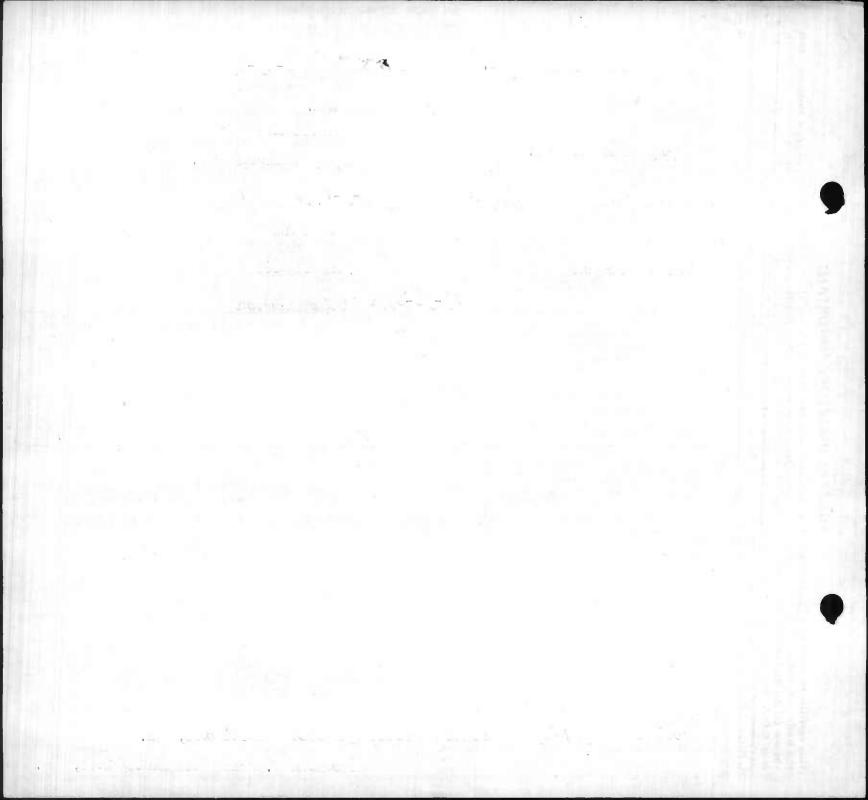
0 =	BIRTH NO. CERTIFIC	CATE OF DEATH Registered No.
Such	M.E. CASE NO.  1. NAME OF DECEASED CROMWELY A. MR. B. FRANKI	2. DATE AND HOUR OF DEATH
	(Type or Print) CROMWEIN, MR. B. FRANKI	IN 2-28-65   90m.
-	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
attendance ior to deat	FILL NAME OF A STATE OF THE STA	
P	FULL NAME OF (If not in hospital or institution, give street oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
t 0	INSTITUTION	
‡ 5	Keswick	D. STREET ADDRESS (If rurol, give locotion)
E .	1/85WICH	TOO W HOT Street
0 0	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. , If Under 24 Hrs.
eceased points on is made	WIDOWED, DIVORCED (specify)	Months Doys Hours Min.
- 0	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	done during most of working life, even if retired)	WHAT COUNTRY?
S D =	Insurance Agent	14. MOTHER'S MAIDEN NAME
the position	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
isp	andrew L. Cromuell	Marcaret A Holiday
	15. Was Deceased Ever in U. Amned Forces? (Yes, no or unknown) (If yes, give war or dates of service)   16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
death ince on final d	216-28-372	5 Grace S. Mctard Phy Kesmick
P 5 #		E OF DEATH INTERVAL BETWEEN
enda d or f	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
t e	LEADING TO DEATH	iteriorderosingeneroused 15 yar
atte	(This does not mean the mode of dying, e.g., DUE TO	rtercorderoniferendy 15 yars
pro	heart failure, asthenia, etc. 11 means the disease, injury or complication which coused death.)	abeter hielloties 15 yearsfelies
9 5	ANTECEDENT CAUSES (B)	
E 0 0	DUE TO	
> = 0	rise to the obove couse (A) stoling the (C)	
	UNDERLYING CONDITION Iosi.	
hysicia in was remain	Z II	
le l	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
re the phy physician fore the re		20 A. ANTOPSY? (Yes or No.) 20R IF YES WERE FINDINGS CONSIDERED
sic +	19A. DATE OF OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21B. PLACE OF INJURY (e.	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
except where the p and (6) No physicia obtained before the	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	g., in ar about 21C. WHERE DID (If in Baltimate City, give exact location)
0 0	OR CONTRIBUTING CAUSE OF home, lorm, foctory, stree	office bldg., INJURY OCCUR?
¥ Ž Q	0	
ot who (6) No ned be	OF INJURY	21F. HOW DID INJURY OCCUR?
d d	(APPROX.) While At Work At W	
(except ; and (6 obtaine	22. I certify that (I) (this hospital) attended the deceased fram	10-17 1962 10 2-28 1965,
9,	that (1) (we) last saw the deceased alive an February	19 65 and that in(my) (aur) apinion death occurred an the date
	and haur and fram the causes stated obave. (1) (We) (did) (did na	
deat deat	23A. SIGNATURE	23B, DATE SIGNED
O E	10 fratton De Govern M.D.	Attending 7 Med. Stoff 7
מלי	23C. PHYSICIAN S	
to o	NAME (Type)	23D. ADDRESS 700 ( ) ST HEST HT
PP		.D.
0 p p	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF REMOVAL (Specify)	
d S e	BURIAL 3-3-65 LOUDON	PARIL BALTIMORE, MD.
was D.O.A. at a hospita deceased prior to death written approval must b	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
₹ 0 ₹	MAR 1 1965 Poleut E. Jarley M.	JOHN O, MITCHELL & SONS, INC. 1900 FUTAM PLACE
	11.00	

The Control of the Co

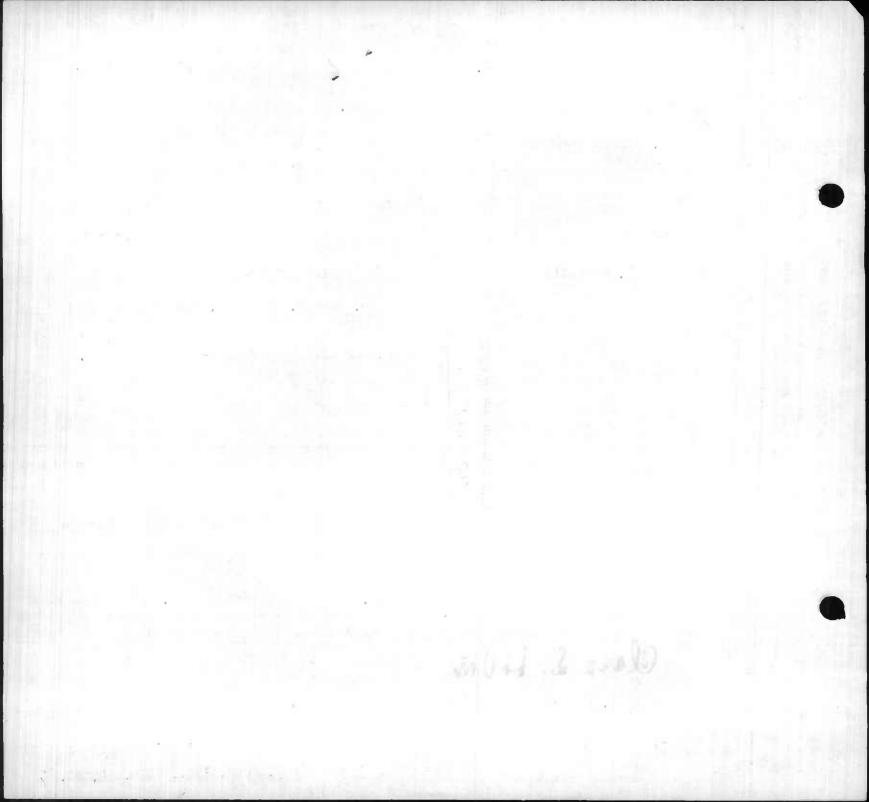
Such Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the a hospital and death. deceased prior to This certificate must be approved by the chief medical examiner or his assistant if death occurred in was D.O.A. at a hospital (except where the physician who pronounced death deceased prior to death); and (6) No physician was in regular attendance on written approval must be obtained before the remains are embalmed or final di the body was released to the hospital by a medical examiner.

	BALTIMORE CITY HE	ALTH DEPARTMENT		
BIRTH NO. 65 2241	CERTIFICATE	OF DEATH	Registered No	65 2241
M.E. CASE NO.  1. NAME OF DECEASED	LAW.	/	ND HOUR OF DEATH	
(Type or Print)	1	_ 4	-65	11.115F
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Laciso	USUAL RESIDENCE (Whe		stitution; residence before admission
STEACE OF DEATH IN BALLIMORE, MARIENTO		STATE B. COUN	ITY	SHOULD RESIDENCE DELICE DUMINSSION
FULL NAME OF (If not in hospital or institution, give str.	reet	Md		1-0.3
HOSPITAL OR oddress or location) INSTITUTION	C.	CITY OR TOWN (If ou	tside city limits, write R	URAL ond give township)
		Baltimore		
2404 Halcyon Ave.	D.	STREET ADDRESS (If	rurol, give location)	
2404 Maccyon Me.		2404 Halcy	on Ave.	
5. SEX 6. RACE 7. MARRIED, NEVEL		ATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
WIDOWED, DIVO	DRCED (specify)	-5-1948	lost birthdoyl	Months Doys Hours Min.
MA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSIN	JESS OR INDUSTRY IT	BIRTHPLACE (State or fore		12, CITIZEN OF
done during most of working life, even if retired)		4. 4 3	ign coomiy,	WHAT COUNTRY?
		Maryland		USA
3. FATHERS NAME	14.	MOTHER'S MAIDEN NA	ME	
111.11.		C. 1.1:		
S, Wos Deceased Ever in U. S. Armed Forces? 16. SQ	OCIAL 17.	Sue Leslie		ADDRESS
	CURITY NO.	INTORNALAIT		ADDRESS
27	13-50-07741	Villiam Laws	ion	same
18.	CAUSE OF D			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		//	1	ONSET AND DEATH
LEADING TO DEATH		1 lrem	1	2 m.
(This does not mean the made of dying, e.g.,	OUE TO			
heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	10	1 1	1	ý
	I Te	picula, 0	saron	- 6 mo
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, giving	i e			
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OF CONDITION CAUSING IT.	OPERATION	20A. AUTOPSY? (Yes or N	D) 208. IF YES. WERE F	INDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAL	ISES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B, PLACE	E OF INJURY (e.g., in or	about 21 C WHERE DID	Uf in Boltimara	City, give exact location)
OR CONTRIBUTING CAUSE OF home, lorm	n, factory, street, office	bldg., INJURY OCCUR?	til in bolitilore	City, give exact location
U				
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJUI	RY OCCURRED	21F. HOW DID IN.	URY OCCUR?	
	Not While	7		
Work	At Work		777	
22. I certify that (I) (this hospital) attended the dec	eased from	~	1964 to 9	Q (- 25 19 6)
that (I) (we) lost sow the deceased alive on	eb- 63	19_6_2ond th	nat in (my) (our) opir	nian death occurred on the do
and hour and fram the couses stated obave. (1) (We)	(did) (did mot) view			
23A. SIGNATURE	(0.0) (0.0 1.01) (1011	The body after deaths		23 B, DATE SIGNED
11/1/1/	M.O. Attendin	Med.	Stoff	7/2///
Conodh Cut	Phys.	Director	Phys.	1/26/6)
23 C. PHYSICIAN'S NAME (Type)	23 D.	ADDRESS	111	1 10
Cassala and ) Kind	0 V M.O.	5/280	V-1/-	al Kell'
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY OF CREMA	TORY 24D. L	OCATION (Cit	ly, lown, or county) (Stote)
REMOVAL (Specify)	1///		. ()	
Burial 3/1/65 Dular	rey Valley			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG	ISTRAR (M.D.	25C. FUNERAL DIRECTO	(1) 10	ADDRESS

1955 Obles Leonard J. Ruck Inc Baltimore, Md. 6 VS 150-REV. 1/1/65



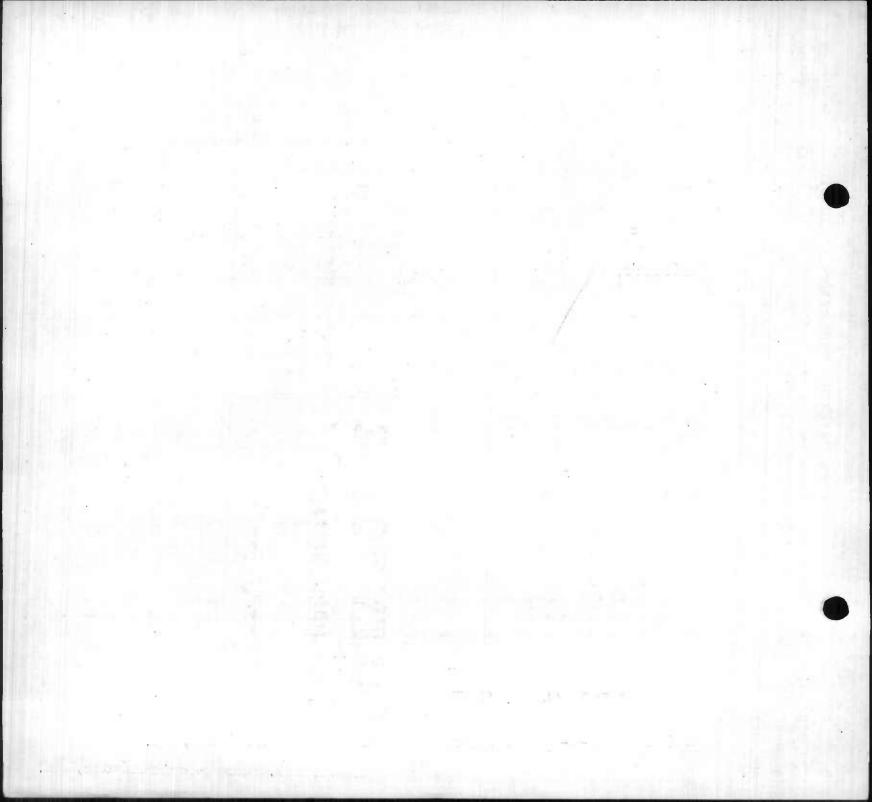
	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 0030
BIRTH NO. M.E. CASE NO. 65 2242	CERTIFICA	TE OF DEATH	Registered No	65 2242
1. NAME OF DECEASED (Type or Print)  MARTELLE , J	OHN J.		yary 26,19	
3. PLACE OF DEATH IN BALTIMORE, MARYL		4. USUA RESIDENCE (When	e deceased lived. If	institution: residence before admissio
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)	nstitution, give street	Md.	side city limits, write	RURAL and give township)
INSTITUTION		Baltimore	13	The state of the s
St. Joseph Hospital	1		rural, give location)	
		3802 Erdman A	venue	
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H
Male White	Married	6/28/08	56	
10A. USUAL OCCUPATION (Give kind of work 101				12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Maryland		U.S.A.
Supervisor  3. FATHERS NAME		14. MOTHERS MAIDEN NAM	ΛE	U.D.R.
Gabriael L. Martelle	2 / 134 00	Louise Brigat	ndi	ADDOCTO
5. Was Deceased Ever in U. S. Armed Forces' Yes, no or unknown) (If yes, give wor or dates o	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		Mr. John T. Mar	telle. 7207	7 Dunwood Court
18. 3 3 / 7	O CAUSE O	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	TLX XX Z			ONSET AND DEATH
LEADING TO DEATH	00/1/16	tracranial Hemory	chage -gent	re
(This does not meen the mode of dy	ing, e.g. DUE TO	VIACIAILIAI IIGIUVI	Trege	24.54
heart failure, asthenia, etc. It means the	e dispose			
ANTECEDENT CAUSES	N ~ 001			
DISEASES OR CONDITIONS, if any				
UNDERLYING CONDITION last.	1268	www.wia-tol.wia.0	100 000 00 00 00 00 00 00 00 00 00 00 00	
П	7 7 3			
OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING S			
DISEASE OR CONDITION CAUSING IT.	10 E 311			
19A. DATE OF OPERATION 19B. CONDIT	TON FOR HITCH PERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	E FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDIT	MED 5	NO	CERMINO C	NOW OF PENIIT
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, factory, street,	in or about 21 C. WHERE DID	(If in Boltimo	ore City, give exact location)
T DEATH (notify medical examiner)	etc.)	Since viago invoki occok:		
21D. TIME (Month) (Doy) (Year) (	Hour) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
5 of 11130K1	While At - Not Wh	ile 🗀		
(APPROX)	Work At Work			
22. I certify that (1) (this hospital) a			19 .65 to Fet	o• 26 1965
that (I) (we) lost sow the deceased of	olive on Feb. 26	19 65 and the	ot in (my) (our) of	pinion death occurred on the de
and hour and from the causes stated	obove, (i) (We) (did) (did not)	view the body ofter death.		
23A, SIGNATURE	1	, , , , , , , , , , , , , , , , , , , ,		23B. DATE SIGNED
(QVAAA)		tending Med.	Stoff Phys.	2/26/65
23C. PHYSICIAN'S	DACA AAAA ba	ys. Director 23D. ADDRESS	Phys. Lab	2/20/05
NAME (Type)				
Claro L. LaVina	M.D	1400 N. Car	oline Stree	et
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CI	REMATORY 24D. LO	OCATION	City, town, or county) (State)
BURIAL 3/2/65	HULA DEDEEMED OF	PARTERY DA	ALTIMORE, M	AD .
	HOLY REDEEMER C	25C. FUNERAL DIRECTOR		ADDRESS
MAD 1 1005 A	D. & E Jaske M.A.			
WHE I ISUS U	POON CI	TECHNIE 1: I	LUCK, INC.	BALTO. 14, MD.
VS 150-REV. 1/1/65				



the body was released to the hospital by a medical examinet. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

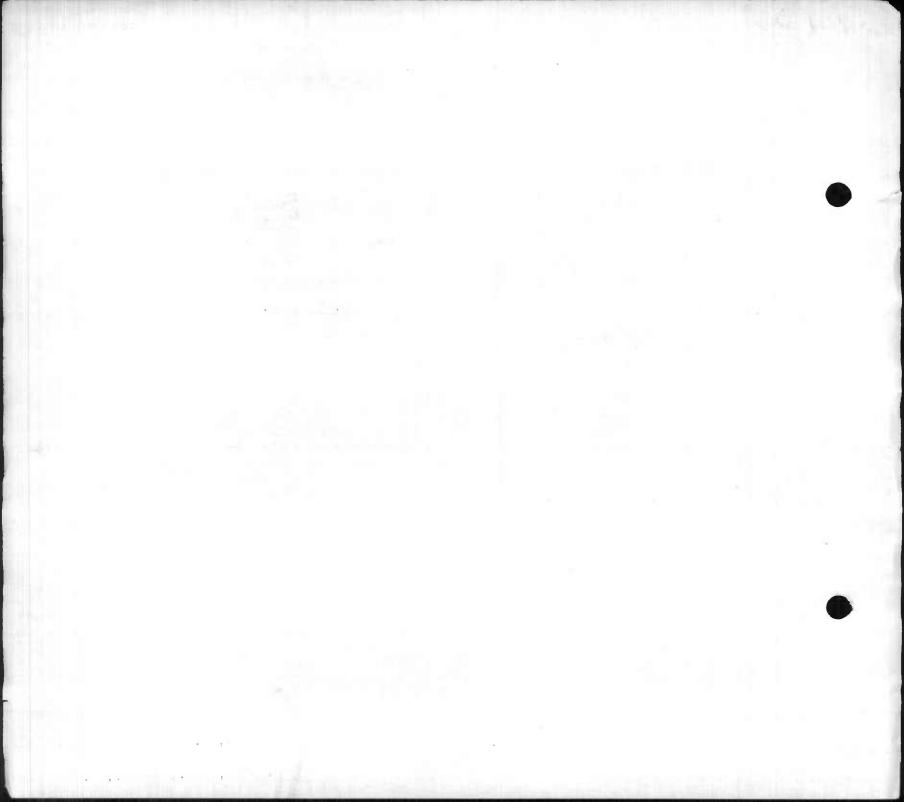
	BALTIMORE CITY	HEALTH DEPARTMENT	65 2243
	TH NO. 65 2243 CERTIFICA	TE OF DEATH Registered No.	00 2243
1, N	E CASE NO.  IAME OF DECEASED  OF OF Print)  STELLA L. WREGETEND	2. DATE AND HOUR OF DEATH	55 1605 P. N
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Whore decoosed lived, If inst	itution: residence before admission)
- E	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write RU	JRAL ond give township)
		D. STREET ADDRESS (If rurol, give location)	
	UNION MEMBRIOL HOSPITCH	1408 COCHNER RD	
5. S	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH    9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
	LUSUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY to during most of working lile, even il retired)	11. BIRTHPLACE (State or foreign country)  Maryland	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
(	dward (** JACOBS	SARAH WALKER	
5. You	Wos Decessed Ever in U. S. Armed Forces? s,no or unknown)[(If yes, give wor or dotes of service)   SECURITY NO.	17. INFORMANT	ADDRESS
	NO ME NUKNOW	Dr. WIRCELBOID	ABONE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	RESPAZ HEMORRAGO	INTERVAL BETWEEN ONSET AND DEATH
ICATION	DUE TO DISEASES OR CONDITIONS, if any, giving rise la lihe abave cause (A) staling lihe (C) UNDERLYING CONDITION last.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	RTGLIOS CLERGIS  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI IN CERTIFYING CAU	NDINGS CONSIDERED
RTIF	O NONG WAS PERFORMED NIA	NO IN CERTIFYING CAU	SES OF DEATH? N/A
CAL CE	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	n or obout 21C. WHERE DID (If in Boltimore bldg., INJURY OCCUR?	City, give exoct locotion)
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED (APPROX.) While At Work At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (I) (this hospital) attended the deceased fram. ? that (I) (we) last saw the deceased alive an	6 EBRUNY 1965 to 26 V 1965 and that in(my) (aur) apin	an death accurred an the dat
	and haur and fram the causes stated above. (1) (We) (did) (dld nat) v		
	Leoning, 3000, by	ending Med. Stoff Stoff Phys.	23R DATE SIGNED 2-6CB 65
	NAME (Type) FREDERICK O. SMITH M.D.	UMAN MEMORIAL YO	10719
24#	A BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CRI		, town, or county) (Stole)
25.5	burial 3-2-65 Parkwood Ceme		d. ADDRESS
25A	MAR 1 1965 Robert E. Farbuyna	Leonard J. Ruck Inc E	

MAR VS 150-REV. 1/1/65



This certificate must be opproved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physicion who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

65.06871	BALTIMORE CITY	HEALTH DEPARTMENT		CE 0044
BIRTH NO. 65 2244 M.E. CASE NO.	CERTIFICAT	TE OF DEATH	Registered No.	OJ ZEAA
1. NAME OF DECEASED (Type or Print)  Ranupa  [	July Borg		3 - 1 - 65	236 AM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			deceased lived, If institu	tion: residence before admission)
FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location) INSTITUTION	ion, give street	Marylas	ide city limits, write RUR	At and give township)
		D. STREET ADDRESS (If it	ural, give location)	
Mercy Hospital		2908 60	uise Ha	. 14
m W. wide	OWED. DIVORCED (specify)	2-36-65	60 hours.	Under 1 Yr. / If Under 24 Hrs. onths: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINE done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	1). BIRTHPLACE (State or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		4. MOTHER'S MAIDEN NAM	IE .	
Frank M	Farma	Cearia 1	11 5-A	2 R
15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	7. INFORMANT	. 62 1 151	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of servi	ce) SECURITY NO.	MD FDANV M	CIVADITOC	CANCE
18.9 9 9 0	CAUSE OF	MR. FRANK M.	SARRUPS	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		A 6)	4 0 1	ONSET AND DEATH
LEADING TO DEATH	(A) (A	esperaloy Ly	ver Lydi	m 65 hour
(This does not meon the mode of dying, heart lailure, asthenia, etc. It meons the dise injury or complication which caused death.)		7		
ANTECEDENT CAUSES	(B)	2243.440 4446 47 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*****************	***************************************
DISEASES OR CONDITIONS, if ony, gi				
rise to the above cause (A) stating UNDERLYING CONDITION lost.	(C)	***********************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			(	
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	20B, IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If in Boltimore C.	ty, give exact location)
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Not While			
22. I certify that (I) (this hospital) attend		2/26 1	9 65 to	2/1/ 1965.
that (I) (we) lost sow the deceased alive	3/1	10		n death occurred on the date
and hour and from the causes stated above	e. (I) (We) (did) (did-not) vi	ew the body ofter deoth.		
23A. SIGNATURE	to A a sun and	dies — AAsad —		B. DATE SIGNED
. Willand of this	Phys	. Director	Stoff Phys.	3/1/65
23C. PHYSICIAM'S NAME (Type)	M.D. 2	3D. ADDRESS		/ /
	C. NAME of CEMETERY or CRE	MATORY 24D. LO	CATION (City,	town, or county) (State)
REMOVAL (Specify)	CMANITOTATIO CT	PA1	LTO. MD.	
BURIAL 3/2/65 S	AAE OE DECHETDAA	25C. FUNERAL DIRECTOR	DIO. JIM.	ADDRESS
MAR 1 1965 Pole	to E. Ferbuna	LEONARD J.	RUCK, INC. B	ALTO MD
VS 150-REV. 1/1/65				



Such

00.40	BALTIMORE CIT	Y HEALTH DEPARTMENT	
IRTH NO. 65 2246 A.E. CASE NO.	CERTIFICA	ATE OF DEATH Registered	No. 65 2246
NAME OF DECEASED	Imyra Schmit	2. DATE AND HOUR OF DE.	6:45 P
PLACE OF DEATH IN BALTIMORE, MAI	RYLAND	4. USUAL RESIDENCE (Where deceased lived, A. STATE  B. COUNTY	If institution: residence before admission
FULL NAME OF (If not in hospital of oddress or location that it is not in hospital of oddress or location of the state of	or institution, give street		write RURAL and give township)
2708 GIBBONS AVENUE		BALTO.  D. STREET ADDRESS (If rurol, give location 2708 GIBBONS AVENUE)	9)
SEX 6. RACE FEMALE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) MARRIED	B. DATE OF BIRTH OCT. 15,1922 9. AGE (in years lost birthday) 42	If Under 1 Yr. If Under 24 Hrs Month's Doys Hours Min.
	10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)		MARYLAND	U.S.A.
AT HOME		14. MOTHER'S MAIDEN NAME	U.S.A.
BERNARD W. RIAL	2	ALMYRA G. KENNARD	
. Was Deceased Ever in U.S. Armed Forces, no or unknown) (If yes, give war or date:	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	215-16-7734	MR. WILLIAM N. SCHMITZ	SAME
18. / 7 O X I	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR			
LEADING TO DEATH	dvino og	ancer of breast	lyear
(This does not mean the made of heart lailure, asthenio, etc. It means	the disease,		
injury at camplication which caused			
ANTECEDENT CAUSES	(B) DUE TO	**************************************	
DISEASES OR CONDITIONS, if crise to the above cause (A)			
UNDERLYING CONDITION last.	storing the (C)		
II			
OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING 1	TED TO THE		
19A. DATE OF OPERATION 19B. CON		20A. AUTOPSY? (Yes or No) 20B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)	in or obout 21 C. WHERE DID (II in Bolt office bldg., INJURY OCCUR?	timore City, give exact location)
21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)	(Hour) 21 E. INJURY OCCURRED  White At Not White At Work		
22. I certify that (I) (this hasaital			chrusy 28 1965
	1		1963
		3, 19 6 5 and that in (my) (3)	apinian death accurred an the da
and have and from the causes stat	ed abave. (I) (West (did) (did fat)	view the bady after death.	loop, DAYF SIGNED
AC - OO O -	dard M.D. At	tending Med. Stoff	23 B. DATE SIGNED
Manakaya	Ph	ys. Director Phys.	2-28-65
23C.PHYSICIAN'S NAME (Type)	M.D.	23D. ADDRESS	
A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CE		(City town or on the city of t
REMOVAL (Specify)	24C. NAME OF CEMETERS OF CE	24D. LOCATION	(City, town, or county) (Stote)
BURIAL 3/3/65	NEW CATHEDRAL C	EMETERY BALTIMORE	MD
A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAK I 1300	Ulaker C, Turber ""	LEONARD J. RUCK TNO	C BATTO MD 24041

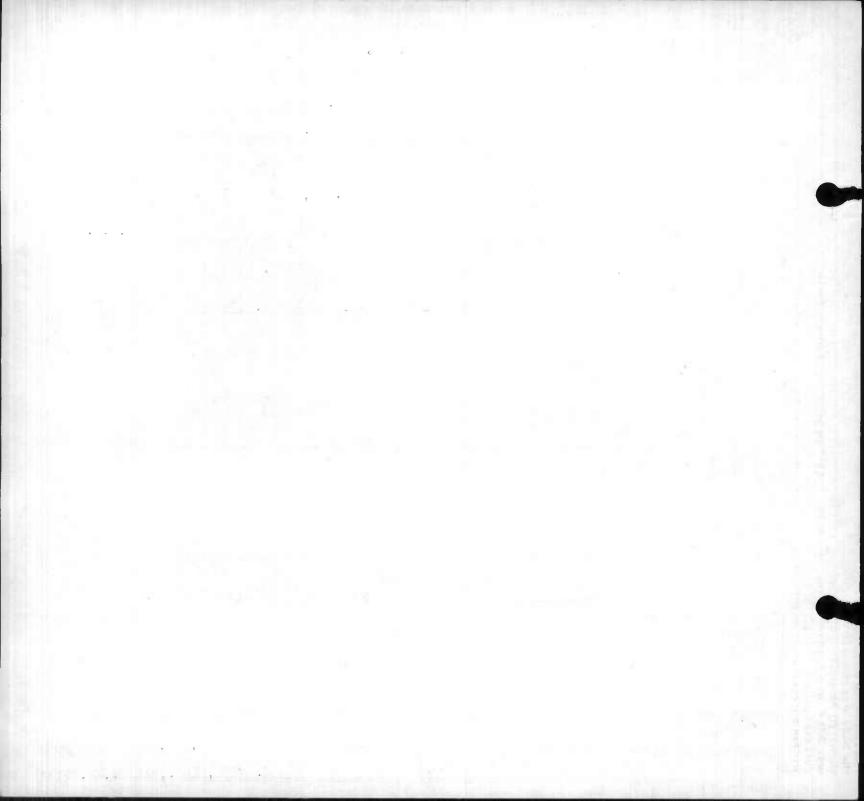
LEONARD J. RUCK.

1985

VS 150-REV. 1/1/65

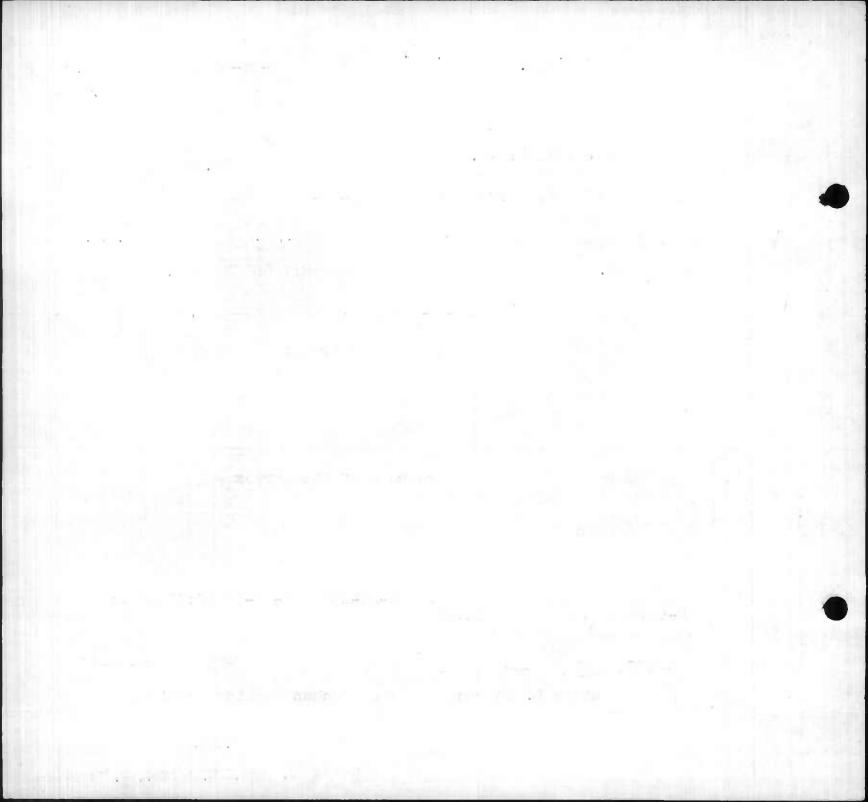
MD. 21214

INC. BALTO

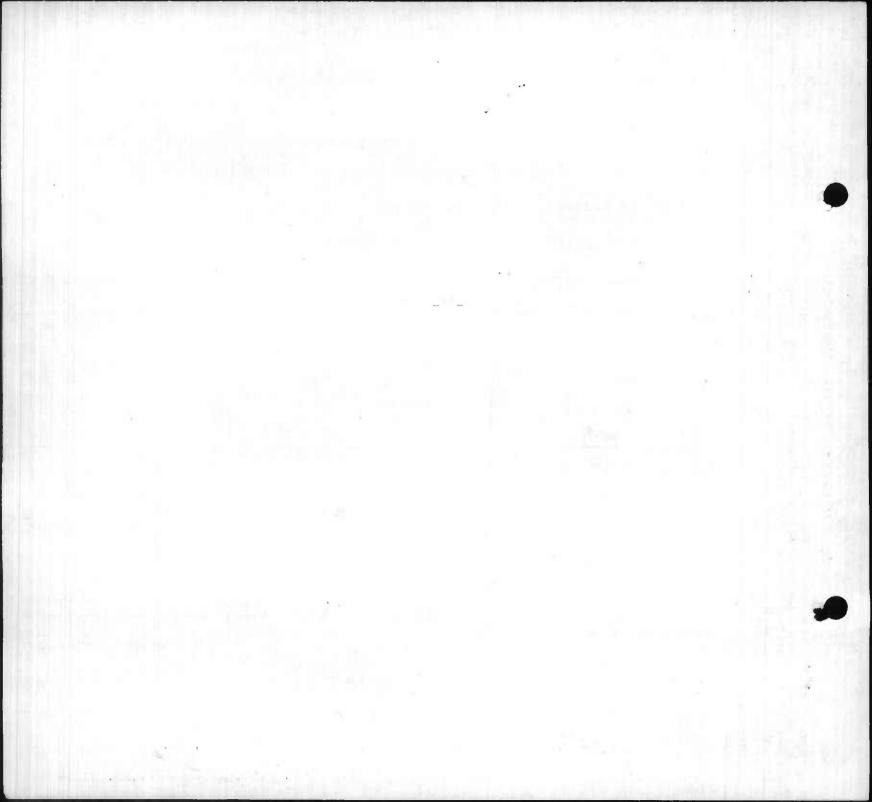


VS 150-REV. 1/1/65

				BALTIMORE CIT	Y HEALTH DEPARTMEN	т	1100		
	H NO. 65 &	2245		CERTIFICA	TE OF DEATH	Registered No	. 65	2245	
1.N/	CASE NO.  AME OF DECEASED  or Print)	IOHN WIL	D.	3		2-28-65	H   11	.40	
3. PI	LACE OF DEATH IN B		_	T. 101, 1	4. USUAL RESIDENCE	Where deceased lived. If	institution: residence	before admission	
F	ULL NAME OF (IF	not in hospital a	or institution,	give street	MARYLA		27-1	0 3	
Н		ldress or location			II .	If outside city limits, write	e KURAL and give to	ownship)	
					BALT I MORE	(If rurol, give location)			
	JOHNS HOP	KINS HO	SPITA	L.					
5. \$1	EX 6. RACE			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	If Under 1 Yr. , If Under 24	
		IITE	DIV	D, DIVORCED (specify) ORCED	7-26-00	64	Months Doys	Hours Min.	
	during most of working life		108, KIND O	F BUSINESS OR INDUSTRY	111. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COL		
	RETIRED		STEEL	WORKER	BALTO.,	MD.	U.S.A	U.S.A.	
3. F	ATHERS NAME				14. MOTHER'S MAIDEN	NAME			
	JOHN WILD	-				GREENBAUER	-		
Yes,	Vos Deceosed Ever in l ,no or unknown) (If yes,	J. S. Armed Fore	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRI	ESS	
				218-05-5709	MRS. MARGARE	T YOUNGBAR. 7	601 BAGLEY	AVE.	
	DISEASE OR CO	ONDITION DIR	ECTLY		Aton Amont			AND DEATH	
			dvina e.a.		diac Arrest				
	heart failure, osthenia,	(This does not meon the mode of dying, e.g.,  DUE TO heart failure, osthenia, etc. It meons the disease, injury or complication which coused death,)							
		DENT CAUSES	460111.7	(B)					
			any giving	DUE TO					
	DISEASES OR CONDITIONS, if any, giving rights of the cause (A) stating the (C) UNDERLYING CONDITION lost.		\$\$\$\$\$\$\$\$\$\$ \$\$\$ \$\$\$ \$\$ \$\$ \$\$\$ \$\$\$ \$\$\$ \$			) ao averte o vv o vv o ao ao aco ac			
	UNDERLYING COND								
ATION	OTHER SIGNIFICANT OF THE DEATH E	BUT NOT RELA	TED TO TH	G Carcinor	na of the La	ırynx			
RTIFICA	19A. DATE OF OPERATI		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	OF NO. 20B. IF YES, WER	E FINDINGS CONSI	DERED?	
	21A. A CCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., or CONTRIBUTING   CAUSE OF home, form, foctory, street,			in or about 21C. WHERE DI	D (If in Boltim	ore City, give exact	locotion)		
A	DEATH (notify medical	exominer)	etc		office bldg., INJURY OCCU	K?			
		(Doy) (Yeor)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
3	OF INJURY (APPROX)			Not Whi					
	Work At Work								
	22. I certify that (I) (this hospital) attended the deceased from XXXXXXXXX 2-28-65 to:00 AM to 19 that (I) (this hospital) attended the deceased from XXXXXXXX 2-28-65 to:00 AM to 19 and that in (my) (our) opinion death occurred on the d								
					view the body ofter dec		Printer devia occi	OLING ON THE C	
1.	ond hour ond from fr	To couses stor	ou obove.	( ( ( aia) ( aia not)	view the body offer dec	7TN:	23B, DATE SIGN	IED	
	Strie	1	Just	M.D. At	tending Med.	Stoff XXX	2-29-6		
	23C. PHYSICIAN'S NAME (Type)	Steve	JOIN	nson M.D.	23D. ADDRESS				
	DIDIAL CREATATION			AME of CEMETERY or CI		lopkins Hos		100	
014	. BURIAL CREMATION,	24B. DATE	24C. N	AME OF CEMETERY OF CI	CEMATORT 24	D. LOCATION	(City, town, or count		
24 A	REMOVAL (Specify)							y/ (3101e	
	BURIAL	3/4/65	НС	LY REDEEMER C		BALTO. MD.			
		3/4/65	НС		EMETERY 25C. FUNERAL DIRECTION	BALTO.,MD.		DRESS	

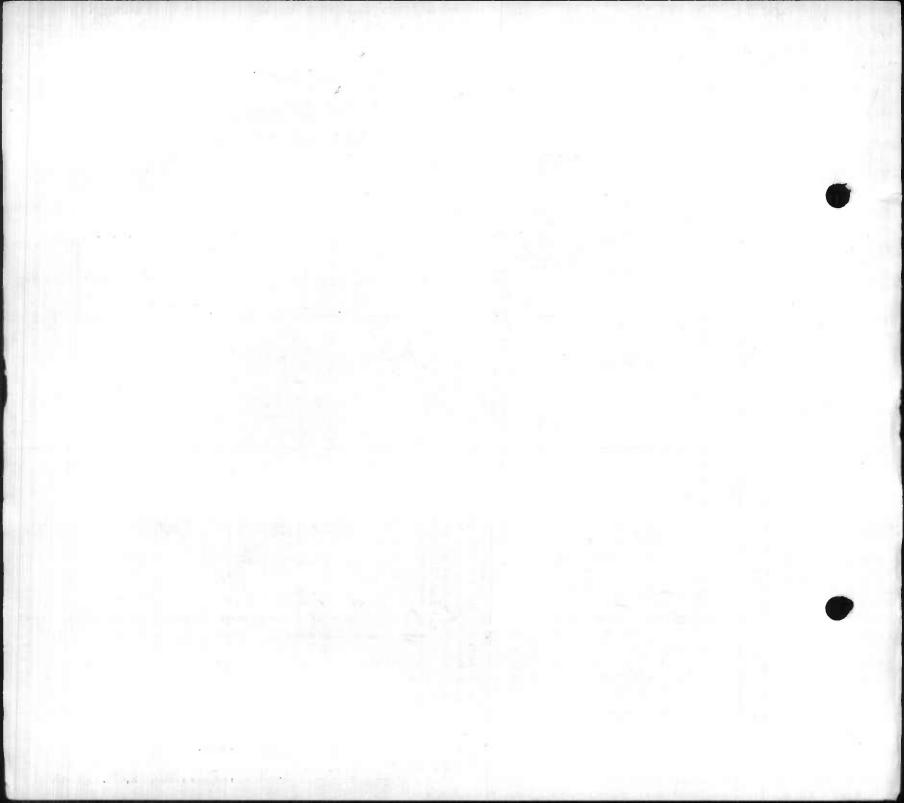


		BALTIMORE CITY	HEALTH DEPARTMENT		65 2247
	CH NO. 65 2247	CERTIFICA	TE OF DEATH	Registered No.	00 221
1. N	AME OF DECEASED ARRY A	SAMU	Mow 2. DATE AN	MARCIA	65 930
3. F	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe		stitution: residence before edmiss
	FULL NAME OF (If not in hospital or institution, give	street	IMAR	YLAND	2700
-	HOSPITAL OR oddiess or location)	11	C. CITY OR TOWN (If ou	tside city limits, write	RURAL end give tewnship)
	NSTITUTION UNIVERSITY	MSSP	13/11	TIMOS	25 Julies
	BATTIVER F.	MAD	D. STREET ADDRESS (III	DAWIE	is the
5. 5		VER MARRIED IVORCED (specify)	12 Suc 898	9. AGE (In years lest birthdey)	If Under 1 Yr. If Under 24 Menths Days Heurs Min
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
	SASA RLECTRICO. 12	ETIRED	14 A12	WE	USIA
	FATHERS NAME	7- / - /	14. MOTHER'S MAIDEN NA	ME	
	MARRICELL US F. 6	A duno	a IDA	7 FUL	LER
(Ye:	s,ne er unknown) (If yes, give wor or dates of service)	security No. 2-05-4528	17. INFORMANT  51	LF	ADDRESS
	1B. 4	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(i)	1000001	6 4.2-	
	(This does not mean the mode of dying, e.g.,	(A) DUE TO	erike HILVAL	F 0413861	34 2 WEEK
	heort failure, asthenio, etc. II meons the disease,				
	injury or complication which caused death,)	(B) AT	121AL FIB	RILLATIO	u ?
	ANTECEDENT CAUSES	DUE TO	IZIAL FIB	RILLASIO	7
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the	DUE TO	SCUB	RILLASIO	Y FARS
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving	DUE TO		RILLASIO	
TION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	DUE TO		RILLASIO	
ATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE	(c) A		o) 20B. IF YES, WERE	Y FARS
ATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(c) A	SCUB		Y FARS
CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19.A. DATE OF OPERATION 19.B. CONDITION FOR WHITE WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yes er No	20B. IF YES, WERE	Y FARS
AL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLA	CH OPERATION	20A. AUTOPSY? (Yes er No	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
CAL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED  OR CONTRIBUTING CAUSE OF Lett.)  OR CONTRIBUTING CAUSE OF Lett.)  21B. PLA heme, fetc.)	CH OPERATION	20A. AUTOPSY? (Yes er No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
AL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLA NOT CONTRIBUTING CAUSE OF Heme, fetc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. IN.	CH OPERATION  CE OF INJURY (e.g., interest, of the street, of the	20A. AUTOPSY? (Yes er No NO n or about 21C. WHERE DID ffice bldg, INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLA No. 2 CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. IN. While APPROX.)  While AWark	CH OPERATION  CE OF INJURY (e,g, interm, fectory, street, or	20A. AUTOPSY? (Yes er Ne  NO n or obout 21C. WHERE DID ffice bldg, INJURY OCCUR?	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19.A. DATE OF OPERATION 19.B., CONDITION FOR WHITE WAS PERFORMED  21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF heme, fetc.)  21.D. TIME (Month) (Day) (Year) (Hour) 21.E. IN. OF INJURY (APPROX.)  While A Work  22. 1 certify that (1) (this haspital) attended the control of the country	CH OPERATION  ACE OF INJURY (e.g., in fectory, street, or injury occurred)  At Work  At Work  Receased from 12	20A. AUTOPSY? (Yes er No  NO n or obout 21C. WHERE DID ffice bldg, INJURY OCCUR?  21F. HOW DID INJ	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED  USES OF DEATH?  e City, give exect locetien)
CAL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. IN.  21D. TIME (Month) (Day) (Year) White Work  22. I certify that (I) (this haspital) attended the country of the control of t	CH OPERATION  ACE OF INJURY (e.g., in the company of the company o	20A. AUTOPSY? (Yes er No NO n or obout 21 C. WHERE DID fice bidg, INJURY OCCUR?  21F. HOW DID INJ e H 19 and th	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED  USES OF DEATH?  e City, give exect locetien)
CAL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Heme, fetc.)  PEATH (notify medical examiner)  21D. TIME (Manth) (Day) (Year) (Hour) 21E. IN.  OF INJURY (APPROX.)  White Work  22. I certify that (I) (this haspital) attended the county of the course stated above. (I) (Want and hour and from the causes stated above. (I) (Want and hour and from the causes stated above. (I) (Want and from the causes stated above. (II) (Want and from the causes stated above.	CH OPERATION  ACE OF INJURY (e.g., in the company of the company o	20A. AUTOPSY? (Yes er No NO n or obout 21 C. WHERE DID fice bidg, INJURY OCCUR?  21F. HOW DID INJ e H 19 and th	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?  e City, give exect locetien)  MARCH 19 5  Inian death accurred an the
CAL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. IN.  21D. TIME (Month) (Day) (Year) White Work  22. I certify that (I) (this haspital) attended the country of the control of t	CH OPERATION  ACE OF INJURY (e.g., in the control of the control o	20A. AUTOPSY? (Yes er No  20A. AUTOPSY? (Yes er No  20A. AUTOPSY? (Yes er No  21C. WHERE DID  Fice bldg, INJURY OCCUR?  21F. HOW DID INJ  e	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED  USES OF DEATH?  e City, give exect locetien)
CAL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Day) (Year) (Haur) 21E. IN. OF INJURY (APPROX.)  While A Work  22. I certify that (I) (this haspital) attended the county and from the causes stated above. (I) (W. 23A, SIGNATURE)	CH OPERATION  ACE OF INJURY (e.g., in the second form, fectory, street, or the second form)  IURY OCCURRED  Not Whith At Work form (e.g., in the second form)  Idea (did) (did not) with the second form)  Att. Att. Phy	20A. AUTOPSY? (Yes er No  20A. AUTOPSY? (Yes er No  20A. AUTOPSY? (Yes er No  21C. WHERE DID  Fice bldg, INJURY OCCUR?  21F. HOW DID INJ  e	OF TO THE STATE OF	FINDINGS CONSIDERED USES OF DEATH?  e City, give exect locetien)  MARCH 19 b.
CAL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLAN OR CONTRIBUTING CAUSE OF hemory, fetc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. IN. OF INJURY (APPROX.)  White A Work  22. I certify that (I) (this haspital) attended the condition of the couses stated ghave. (I) (W. 23A/SIGNATURE)	CH OPERATION  ACE OF INJURY (e.g., in the second form, fectory, street, or the second form)  IURY OCCURRED  Not Whith At Work form (e.g., in the second form)  Idea (did) (did not) with the second form)  Att. Att. Phy	20A. AUTOPSY? (Yes er No  NO n or obout 21C. WHERE DID ffice bldg, INJURY OCCUR?  21F. HOW DID INJ e  19 and the riew the bady after death. ending Med. Director	OF TO THE STATE OF	FINDINGS CONSIDERED USES OF DEATH?  e City, give exect locetien)  MARCH 19 5  Inian death accurred an the
MEDICAL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE CONTRIBUTING CONTRIBUTION FOR WHITE CONTRIBUTION CONTRIBUTION FOR WHITE CONTRIBUTION CONTRIBUTION FOR WHITE CONTRIBUTION CONTRIBUTION FOR WHITE CONTRIBUTION FO	CH OPERATION  ACE OF INJURY (e.g., in error, fectory, street, or investigation of the control of	20A. AUTOPSY? (Yes er No  NO n or about 21C. WHERE DID ffice bidgs, INJURY OCCUR?  21F. HOW DID INJ e 21F. HOW did in i	OF IN CERTIFYING CA  (If in Boltimere  URY OCCUR?  19 to ot In (my) (our) opl  Stoff Phys.	FINDINGS CONSIDERED USES OF DEATH?  e City, give exect locetien)  Inian death accurred an the  238. DATE SIGNED    Hard   Hard
MEDICAL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CHORD (Hour) 21E. IN. OF INJURY (APPROX.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. IN. OF INJURY (APPROX.)  22. I certify that (IV (this haspital) attended the county of the course stated above. (I) (W. 23A. SIGNATURE)  23C. PHYSICIAN'S NAME (Type)  1. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	CH OPERATION  ACE OF INJURY (e.g., in the control of CEMETERY of CRITICAL OF CRITICAL OF CEMETERY of CRITICAL OF CEMETERY of CRITICAL OF CEMETERY of CRITICAL OF C	20A. AUTOPSY? (Yes er No  20A. AUTOPSY? (Yes er No  20A. AUTOPSY? (Yes er No  21C. WHERE DID  In or obout 21C. WHERE DID  Iffice bldg, INJURY OCCUR?  21F. HOW DID INJ  e	OCATION (C	FINDINGS CONSIDERED USES OF DEATH?  e City, give exect locetien)  MARCH 19  inian death accurred an the
MEDICAL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CHORD (Hour) 21E. IN. OF INJURY (APPROX.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. IN. OF INJURY (APPROX.)  22. I certify that (IV (this haspital) attended the county of the course stated above. (I) (W. 23A. SIGNATURE)  23C. PHYSICIAN'S NAME (Type)  1. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	CH OPERATION  ACE OF INJURY (e.g., item, fectory, esteet, or item)  INTROCCURRED  Not Whith At Work  At Work  Interpretation  Att. P.C.  Interpretation  Att. Phy  Of CEMETERY or CRI  N. PARK CEME	20A. AUTOPSY? (Yes er No  20A. AUTOPSY? (Yes er No  20A. AUTOPSY? (Yes er No  21C. WHERE DID  In or obout 21C. WHERE DID  Iffice bldg, INJURY OCCUR?  21F. HOW DID INJ  e	20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimer  URY OCCUR?  19 to ot In (my) (out) apl  Stoff Phys. CATION (C	FINDINGS CONSIDERED USES OF DEATH?  e City, give exect locetien)  MARCH 19  inian death accurred an the
MEDICAL CERTIFICATIO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE CONTRIBUTING CONTRIBUTION FOR WHITE CONTRIBUTION CONTRIBUTION FOR WHITE CONTRIBUTING CONTRIBUTION FOR WHITE CONTRIBUTION CONTRIBUTION FOR WHITE CONTRIBUTION FOR WHITE CONTRIBUTION FOR WHITE CONTRIBUTION CONTRIBUTION FOR WHITE CONTRIBU	CH OPERATION  ACE OF INJURY (e.g., item, fectory, esteet, or item)  INTROCCURRED  Not Whith At Work  At Work  Interpretation  Att. P.C.  Interpretation  Att. Phy  Of CEMETERY or CRI  N. PARK CEME	20A. AUTOPSY? (Yes er No  NO n or about 21C. WHERE DID  ffice bldg, INJURY OCCUR?  21F. HOW DID INJ  21F. HOW DID INJ  And the body after death.  23D. ADDRESS  WWWFR  24D. L  TERY  B  25C. FUNERAL DIRECTOR	20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimer  URY OCCUR?  19 to ot In (my) (our) op!  Stoff Phys. CALTIMORE, MI	FINDINGS CONSIDERED  USES OF DEATH?  e City, give exect locetien)  1238. DATE SIGNED  1238. DATE SIGNED  1445. D  ity, tewn, er ceunty! (Stol.)



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

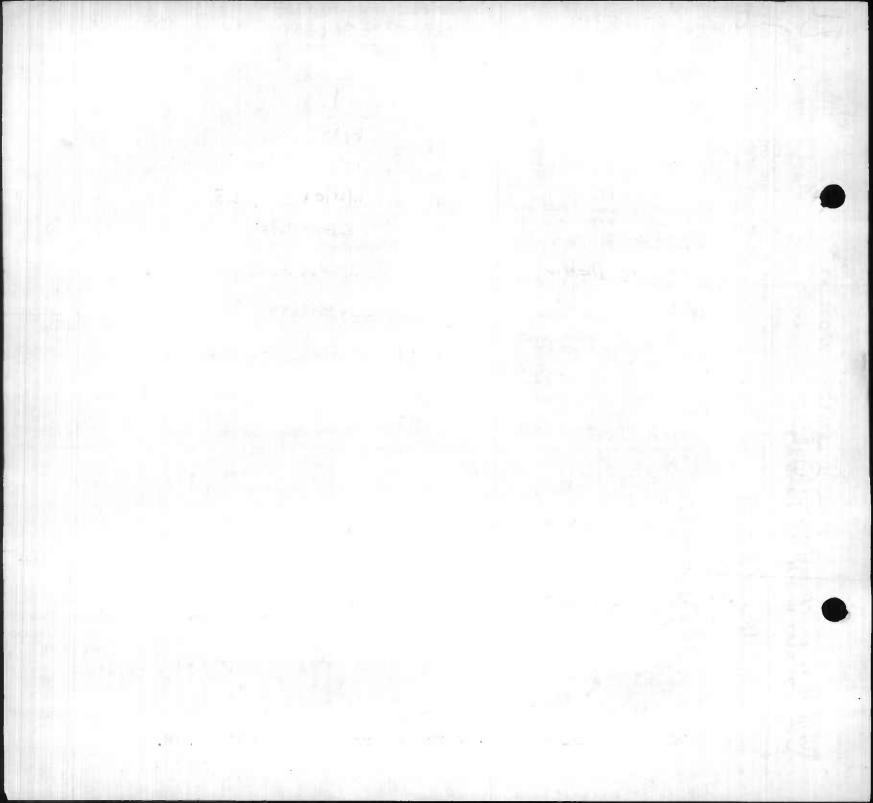
	00.1	BALTIMORE CITY	HEALTH DEPARTMENT		~ ~~
BIRTH NO.	65 2248	CERTIFICA	TE OF DEATH	Registered Na. b	5 2248
I, NAME C	F DECEASED	/	, 2. DATE AN	D HOUR OF CEATH	35
(Type or Pri	Dames	S. Whal	2 1/	3-1-65	1 - Am
3. PLACE	OF DEATH IN BALTIMORE, MARY	AND			ution: residence before odmission)
HOSPITA	L OR oddress or location)	institution, give street	C. CITX OR TOWN (If outs	side city limits, write RUI	RAL and give township)
INSTITU	//	,	8) Altimo	ore	53-00
The	rcy Hos	pital.	8005	Bow Ai	r Rd
5. SEX	6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIYORCED (specify)	8. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Aonths: Ooys Hours Min.
IOA USUAL	OCCUPATION (Give kind of work) 10	B. KIND OF BUSINESS OR INDUSTRY	10 - 9-1888 11. BIRTHPLACE (State or loreign	76	12. CITIZEN OF
	most of working life, even if retired)		m	/ /	WHAT COUNTRY?
RETI		STONE MASON	MARY	/AIVCI.	U.S.A.
13. FATHER	S NAME	11 1	14. MOTHERS MAIDEN NAM	AE /	,
11	Imps W	hA lan	DACAL	HTC	bisson.
15. Was De	ceased Ever in U. S. Armed Forces	? 16. SOCIAL	17. INFORMANT		AODRESS
(105,00 000	nknown/tit yes, give wor or doles	of service) SECURITY NO.			
18.	6 11 M	CAUSE O	Mrs. Bertrude	Smith, 1701 (	Orlando Road
	DISEASE OR CONDITION DIRECT		, DLAIII		ONSET AND DEATH
14	LEADING TO DEATH	in Xh	royaling VA	esteel to a	Santala
heort	does not mean the made of di foiture, osthenia, etc. It means th ar complication which coused do	e diseose,		a A	The state of the s
injury	ANTECEDENT CAUSES	(8)	ente Gasti	ic Will	Valin
DISEA	SES OR CONDITIONS, if on	OUE TO			
rise	la lhe above cause (A) si RLYING CONDITION last.			F	
7	11	1	7 .		
E TO T	SIGNIFICANT CONDITIONS COP HE DEATH BUT NOT RELATE SE OR CONDITION CAUSING IT.		estima e m	elastorsin	
U 19A.D.		TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	
£30	-03-65 Ca	. of Kellen	YES		YES
_ OR CO	CCIDENT WAS UNDERLYING THE NTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, loim, loctory, types, o	lice bidg., INJURY OCCUR?	III in Boltimore	ity, give exact location)
21D. TI OF INJ		Hour 21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPRO	E /	While At North	е	No	
22. 1	ertify that (this haspital)	ittended the deceased from	2-12-1	9 65 10	3 = ( 19 65.
that	(we) last saw the deceased	alive an	19 65 and the	ıt in 🚙 (aur) apinio	in death accurred an the date
and he	our and from the causes stated	abave. (We) (did) (did)	view the bady after death.		
23A. SI	GNATURE)	0 1 1		2:	B. DATE SIGNED
6	Cakert.	To Na No Phy	ending Med. S. Director	Stoff Phys.	3-1-65
23 C. PH	YSICIAN'S AME (Type)		23O. AOORESS		
		M.D.			
24A. BURIA	L CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (City,	town, or county) (State)
	RIAL 3/4/65	MORELAND MEMORIA	AL CEMETERY BAT	TO MD	
25A. DATE		B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	TO MD	A OD RESS
	MAR 1 1965 (	Police E. Farley M.A.	LEONARD J. RI	JCK INC. BAL	TO MD O:0:1
VS 150-RE\	/. 1/1/65		1	THE THU. DAL	21214



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

VS 150-REV. 1/1/65

			4.60	BALTIMORE CITY	HEALTH DEPARTMENT			
		224	19	CERTIFICA	TE OF DEATH	Registered No.	65 2249	
1, N	AME OF DECEAS	SED			2. DATE AN	D HOUR OF DEATH	20	
(Тур	MARY I	RHA	nes		2/2	5/65	1 10 - PM.	
3. P	LACE OF DEATH	IN BALTIA	ORE MARYLAND				stitution: residence before admission)	
					A. STATE B. COUN	(1)		
	ULL NAME OF		n haspital or instituti or location)	ion, give streel	M. Cl.		X	
	NSTITUTION	0001000	0, 100011011		C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township	
					Balt much		11-07	
						rurol, give location)	_	
	DHUCE	3174 6	JOSP ITAL		100 2 210001	AR COURT		
5. S	EX 6.	RACE		WED, DIVORCED (specify)		9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.	
	F	N		NARRIRD	11/21/01	63		
			kind of work 10B, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	ign country)	12. CITIZEN OF WHAT COUNTRY?	
done	during most of worl		n if retired)		GEORGIA			
12	FATHER'S NAME	IFE			14. MOTHER'S MAIDEN NA	AAE	USA	
13.	FAIHERS NAME				14. MOTHER'S MAIDEN NA	ME		
	CHARL	PS D	EAN		HANNAH WO	DODS		
15.	Was Deceased Ev	er in U. S.	Armed Forces? wor or dotes of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	11/2	7 cs, give	WOI 01 00103 01 32111	SECORITI NO.	14.00	DBC		
	IV	# 12.		CAUSE O		RECORD	INTERVAL BETWEEN	
	7.7	3/		CAUSE O	DUAIII		ONSET AND DEATH	
		ADING TO	ITION DIRECTLY	1. 100	00	10.2.		
	The second second		mode of dying,	e.g., (A) MAS	SIAC LOVINODAK	-> EMBELISM		
			II meons the dise	ose,				
		ANTECEDENT CAUSES  (B) CHRONIC (RSIDED CONCESTIVE HEART FAILURE						
	ANTECEDENT CAUSES  DUE TO							
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C) ASCVD							
	UNDERLYING CONDITION last.							
		- 11						
N			DITIONS CONTRIBU					
AT	DISEASE OR CO		NOT RELATED TO	THE				
S.	19A. DATE OF O	PERATION		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	ON CERTIFYING CA	FINDINGS CONSIDERED	
CERTIFICATION	0		WAS PERFORMED			III CERIIFIING CA	OSES OF DEATH:	
ü	21A. ACCIDENT	WAS UND	ERLYING	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obout 21 C. WHERE DID	(If in Boltimor	e City, give exoct location)	
AL	OR CONTRIBUTION			etc.)	mee blogs, INJOK! OCCOK:			
MEDICAL	21 D. TIME (A	Month) (Do	y) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJ	IURY OCCUR?		
ME	OF INJURY			While At Not Whil				
	(APPROX.)			Work At Work			1	
	22. I certify the	ot (1) (This	haspital" attend	ed the deceased fram	2 3 65	19ta	25/65 19	
	that (I)(we) lo	st saw the	deceased alive	on 2/25/65	19and th	nat in (my) tour) opi	nian death occurred on the date	
	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.							
	23A. SIGNATURE 23B. DATE SIGNED,							
	1 72	00	0 /	M.D. Alle	ending Med.	Stoff	2/2/1-	
	23C. PHYSICIAN	ediley	(Aakon)	Phy	s. Director 23D. ADDRESS	Phys.	1 3 / 35 / 65	
	NAME (Type	3			230. ADDK233	1.	O'T'	
	L.BR	ADLE	YBAKE		ONNBB	STIX NUC	1A117c	
244	REMOVAL (Spe	cify) 248.	DATE 24	C. NAME of CEMETERY of CR	EMATORY 24D. L	OCATION	ity, lown, or county) (Stote)	
I	Burial		3-1-65	Mt. Auburn Ceme	eterv F	Baltimore, M	B.	
	. DATE REC'D BY			ME OF REGISTRAR	25C PUNERAL DIRECTO		ADDRESS	
	MA	IR 1	1965 R.C.	ut E. Starbey M.A	Cyarles R:	Law ?	FOR Madeen the	



eath UO

ŏ

pronounced

ho

3

physician

the 0

where

(except

final

10

embaimed

are

the remains

ance

attend

9

regul

Mas

physician

°

9

and

eath) of hospital

Ö

0

prior

0

40 An

4

D.O. eceased

Mas

obtained

must

approval

kind;

any

of

fracture

4

3

burns:

Body

(7)

nature;

any

accident

shows: (1)

to the hospital

the body was released

BIRTH NO. M.E. CASE NO.

I NAME OF DECEASED

5. SEX

### CERTIFICATE OF DEATH

Maryland

C. CITY OR TOWN

B. DATE OF BIRTH

Georgia

Registered Na.

2. DATE AND HOUR OF DEATH

(1	(Type or Print)		Willie	Smith)	LAMAR	GI
3.	PLACE OF	DEATH I	N BALTIMORE,	MARYLAND		
	FILL NAA	AS OF	(If not in hos	nital as institution are	o eteont	

February 18, 1965 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE

FULL NAME OF	(If not in hospital or institution, grand address or location)	e street
NOITUTITZMI	Dolliamone City Dec	-+4-

Baltimore City Hosptials

4940 Eastern Avenue Baltimore, Maryland 21224

Baltimore D. STREET ADDRESS (If rurol, give location)

1712 Lauretta Avenue

#21223 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours

Male Negro WIDOWED, DIVORCED (specify) Single

7. MARRIED, NEVER MARRIED

10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)

12. CITIZEN OF WHAT COUNTRY?

done during most of working life, even if retired) Laborer 13. FATHER'S NAME

Upholstiring Co.

4. MOTHERS MAIDEN NAME

U. S. A.

Lucious Gilstrap

15, Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service)

Jennie Gaither 17. INFORMANT

ADDRESS

No

SECURITY NO.

RECORDS: BCH: 4940 Eastern Avenue #21224 CAUSE OF DEATH

(If outside city )imits, write RURAL

9. AGE (In veors

lost birthdov

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES

Uremia DUE TO Arterio Nephrosclerosis 6 Months

6 Months

ONSET AND DEATH

DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last

DUE TO Chronic Pyelonephritis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

that (1) (we) last saw the deceased alive an February

20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

CERTIFIC 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDI

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

(Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (1) (this haspital) attended the deceased fram...

(Hour) 21E INJURY OCCURRED While At Work

Not While At Work

18.

February 3. 19 65 February 18. 65 and that in(my) (aur) apinion death occurred on the date

and have and from the couses stated above. (1) (We) (did) (did not) view the bady after death.

23A. SIGNATURE 23C. PHYSICIAM'S

Attending Phys. 23D. ADDRESS Stoff Phy s

2-18-65

238 DATE SIGNED

(If in Boltimore City, give exact location)

Marvin Schuster 24A. BURIAL CREMATION, 24B. DATE

M.D

24C. NAME of CEMETERY OF CREMATORY

4940 Eastern Avenue 24D. LOCATION

REMOVAL (Specify)

2-28-65 Almond Cemetery

Conyers, Georgia 25C. FUNERAL DIRECTOR

Med.

Director L

ADDRESS

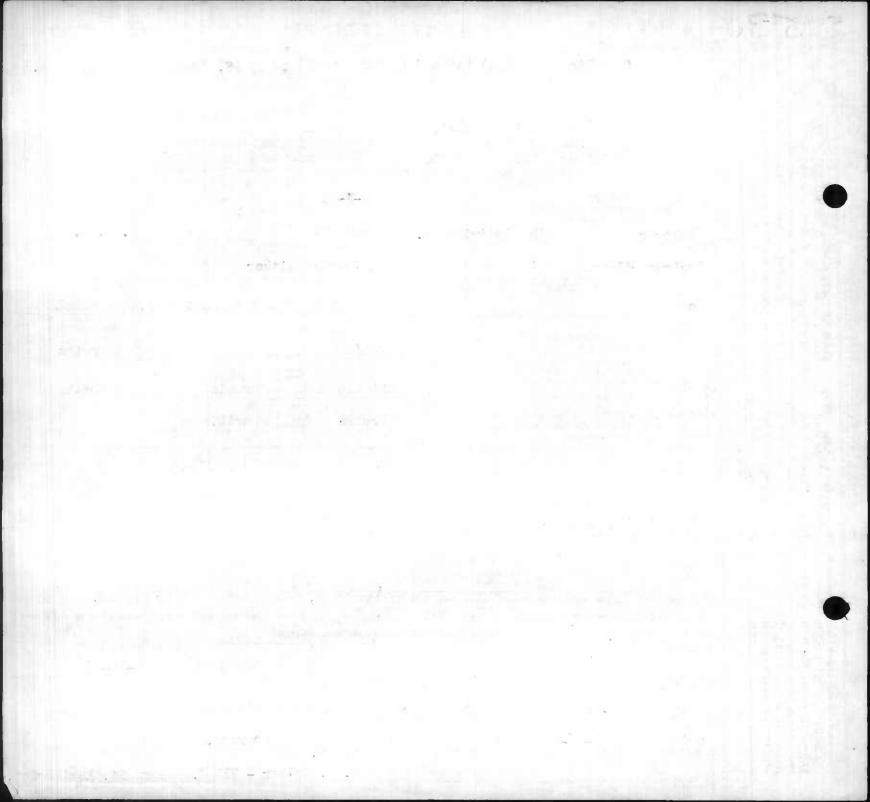
25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAS

H. C. Walker - 712 S. Bayard St. Fast Point, Georgia

VS 150-REV. 1/1/65

IMPORTANT FUNERAL DIRECTOR:



of death Deceased

uo

ance

prior

deceased

On

D G

Was

physician

°N

9

eath)

70

prior at

VS 150-REV. 1/1/65

0

D.0.

Was

shows:

(2) cause

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Mitch VIRGINIA - 26-USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY many land FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street more address or lacation) C. CITY OR TOWN (If outside city limits, write RURAL INSTITUTION lti more (If rurol, give location) 34th is made. 5. SEX MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 YI. If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthday) Hours 11-17-74 widowed 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Housewife w. Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Brooks Cavoline 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL fina (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. -72-2424 MRS. BROOKS FLEMING, FAIRMONT, WIVA CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the before the remains UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Ves 21 & PLACE OF INJURY (e.g., in or about 21 C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.) MEDIC 21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While I (APPROX.) At Work Work 22. I certify that (C) (this hospital) attended the deceased fram. 12 -19 64 10 24 26 that (6) (we) last saw the deceased alive an 2 -19 G 5 and that in (aur) aplinian death accurred an the date and haur and fram the causes stated abave. (1) (Me) (did) (did-1707) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED M.D. Attending Phys. Med. 23C. PHYSICIAN'SO NAME (Type) 23D. ADDRESS Brimhath deceased written ap 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY or county) REMOVAL (Specify) TAIRMONT, W. VIRGINIA DODLAWN 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR JOHNO, MITCHELL & SONS, INC.

BALTO, MID

11/1 .1 (1)

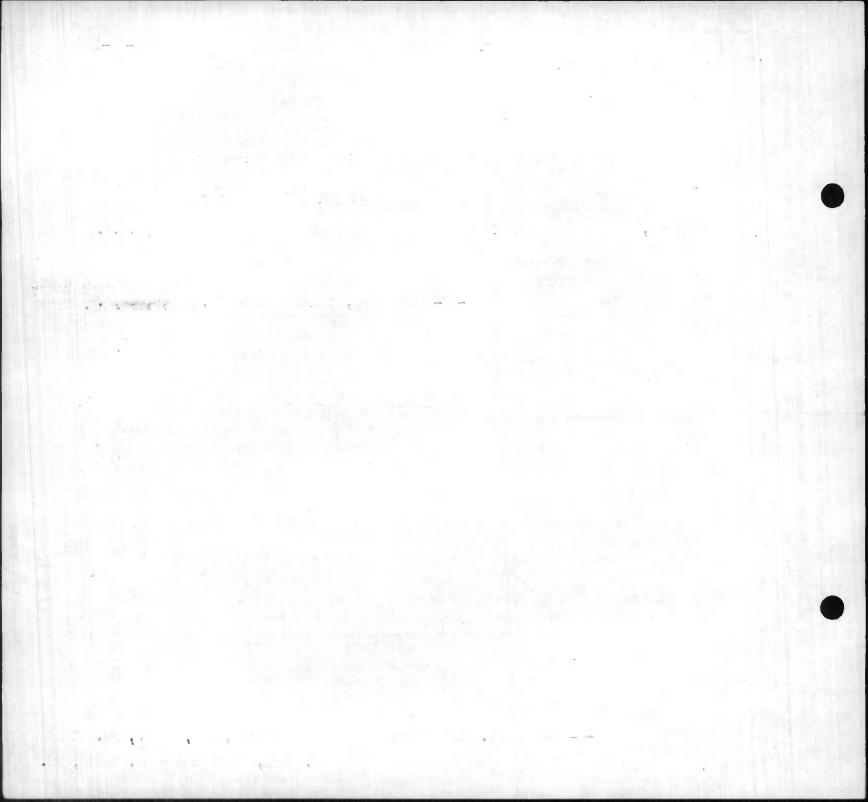
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	0000	BALTIMORE CITY	HEALTH DEPARTMENT		0000			
BIRTH NO. M.E. CASE NO		CERTIFICA	TE OF DEATH		65 2252			
(Type or Print)	rederick T. La	ınzer		ry 26, 1965	4:40A M.			
3. PLACE OF	DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (When	e deceased lived. If ins	titution: residence before admission)			
FULL NAM HOSPITAL C INSTITUTION	OR address or tacation	or institution, give street in)	Maryland c. City or Town (15 out) Baltimore	Baltimore	JRAL and give township)			
	cy Hospital		1853 Marshall	Road 21	.222			
5. sex male	6. RACE Caucasian	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) married		2. 62.	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
Super	t of working life, even if retired) Visor Social	Security Admns.	Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S	NAME		14. MOTHER'S MAIDEN NAA	A E				
7.75 7	lion II Tongor		Virginia Gar	rison				
15. Was Decea	liam H. Lanzer	rces? 16. SOCIAL	17. INFORMANT	1 13011	ADDRESS			
No No	own) (If yes, give war ar date	es of service) SECURITY NO.	Wife, Mrs. Aman	da Lanzer.	1 / a h.a.d.			
18.	110	CAUSE O		da Hariber , 7/	INTERVAL BETWEEN			
OfS (This doe heart foils	EASE OR CONDITION DI LEADING TO DEATH s not mean the mode of use, osthenio, etc. It means complication which coused ANTECEDENT CAUSES	RECTLY  I dying, e.g., DUE TO  s the discose, d death.)	bdomenal Carcin	ONSET AND DEATH				
rise lo	OR CONDITIONS, if the obove couse (A) ING CONDITION last.	ony, giving		***************************************				
E TO THE	GNIFICANT CONDITIONS ( DEATH BUT NOT REL OR CONDITION CAUSING	ATED TO THE						
	WAS PER	ndition for which operation reformed wel obstruction	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?			
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF		n oi obout 21C. WHERE DID INJURY OCCUR?	(If in Bottimore	City, give exact location)			
21 D. TIME OF INJUR (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED  While At	21F. HOW DID INJU	URY OCCUR?				
that (I) (	22. I certify that (I) (this hospital) attended the deceased from TAN \$2,1945 19 to Feb 2 1965, that (I) (we) last saw the deceased alive on Feb 26 1965 ond that Internyl (our) apinion death accurred an the date and hour and from the causes stated above. HT (We) (did) (did not) view the bady after death.							
23A. SIGN					23B. DATE SIGNED			
	11. t. M.	Fabruary M.D. Atte	ending Med.  Director	Stoff Phys.	2/2/10			
23 C. PHYSI NAM	Clans E (Type) Peter M.		23D. ADDRESS Mercy Hosp. Bal		21202			
24A. BURIAL REMOVA Buria	L (Specify)	24C. NAME of CEMETERY of CR			ty, Kentucky (Stote)			
25A. DATE RE	C'D BY HEALTH DEPT. MAR 2 1965	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		re. Dundalk, Md.			
VS 150-REV. 1								

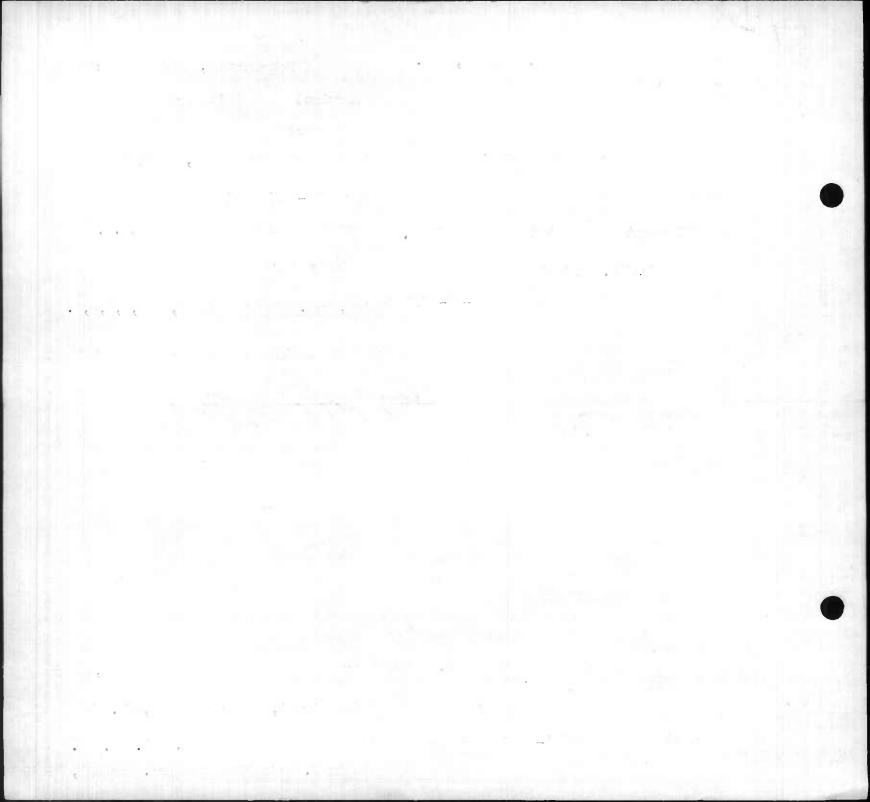
, , , t t t t

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a madical and the body was released to the hospital by a madical and the body was released to the hospital by the hospital and the body was released to the hospital by the madical and the body was released to the hospital by the hospital and the body was released to the hospital by the control of the body was released to the body was re was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death

				BALTIMORE CIT	Y HEALTH DEPARTMENT		05 00	P- 13
BIRT	TH NO. 6	5 2250	3	CERTIFICA	TE OF DEATH	Registered Na.	65 22	53
1. N	AME OF DEC	EASED	JOSE	PH J. DEKOWSKI	2. DATE AN	D HOUR OF DEATH	Fob-25-1965	
	pe or Print)	Dak	aws KI	, Jeseph J.	25	4.665	1/25/	M
3. 1	PLACE OF DE	ATH IN BALTIMORE	MARYLAN	D	4. USUAL RESIDENCE (When	e deceased lived. If in: TY	stitution: residence before od	mission)
	FULL NAME O	OF (If not in ho	spitol or insti	itution, give street	Maryland		26-11	
	NSTITUTION		,	+ 1/.	c. city or town (16 out Baltimore	side city limits, write R	(URAL ond give township)	
	Fay	Fayette	Conval.	nt flowe escent Home		enue 21224		
5. 9	Male	6. RACE Nhite	WI	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) W. O. O.W.E. A	15 Sep 80	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months Days Hours	24 Hrs. Min.
		working life, even if re	lired)	ind <b>o</b> f business or industr ew <b>eler</b>	Poland	gn country) *	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13.	FATHER'S NA	Joseph :	Dekowsl	ci	Eva Klarkows			
(Ye	Wos Decessed s, no or unknown NO	Ever in U. S. Armonial (If yes, give word NO	d Forces? r dotes of s	orvice) 16. SOCIAL SECURITY NO. 218-22-5574	17. INFORMANT Son, Ambrose Del	6935 kowski, Balt	Eastbrook Ave	mue 224
	18. 4 9	/ X I		CAUSE	DF DEATH		INTERVAL BETWE	EEN
	DISEA	SE OR CONDITION		1	?		ONSET AND DE	3111
		not mean the mad	le of dying		revenepneum	1dn/a	1 10/1	*****
	hearl lailure, osthenio, etc. It meons the diseose, injury or complication which caused death.)						4 - 3 - 3 - 3 - 3	
	ANTECEDENT CAUSES  (B)  DUE TO					***************************************		
		OR CONDITIONS,		giving			1 30331	
		e abave cause G CONDITION los		g lhe (C)	***************************************			
_		- 11		. /				
ATION	TO THE D	FICANT CONDITION	RELATED	BUTING HID AT A	n con (variable	e-episodic	2 2 Vr9	
ICA			CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES. WERE F	FINDINGS CONSIDERED	
ERTIFIC	0		SPERFORME	D	No	IN CERTIFYING CAL	USES OF DEATH?	
AL C	OR CONTRIB	NT WAS UNDERLY UTING CAUSE O medical examiner	NG 🗍	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Baltimore	City, give exoct locotion)	
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy)	(Year) (Hou	While At Work At Work		URY OCCUR?		
	22. I certify	that (1) (this hos	pital) atte	nded the deceased fram	31 Jul 1	96/ 10 2	5 Feb 19	60
		) last saw the dec		41 4	19 65 and the		nion death accurred an	
			stated ab	ave. (1) (We) (dld) (did nat)	view the bady after death.			
	23A. SIGNATU		11/4/	M.D. At	tending Med.	Stoff	23 B, DATE SIGNED	
	23C. PHYSICIA		ille	Ph	23D. ADDRESS	Phy s.	2671665	
	NAME (1	Type) J.	HUL	LA M.D.	22/4EF	ayette 5	T 2/23/	
-	REMOVAL (	Specify) 24B. DA	1965	St. Stanislaus	Dund	alk, Ave. Ba	alto. Md. 2122	
25/	A. DATE REC'D	MAR 2 19	65 P.	Lab E. Falley M.A.	John J. Duda,	2829 Hudson	n St. 21224, M	d.
VS	150-REV. 1/1/	65						-



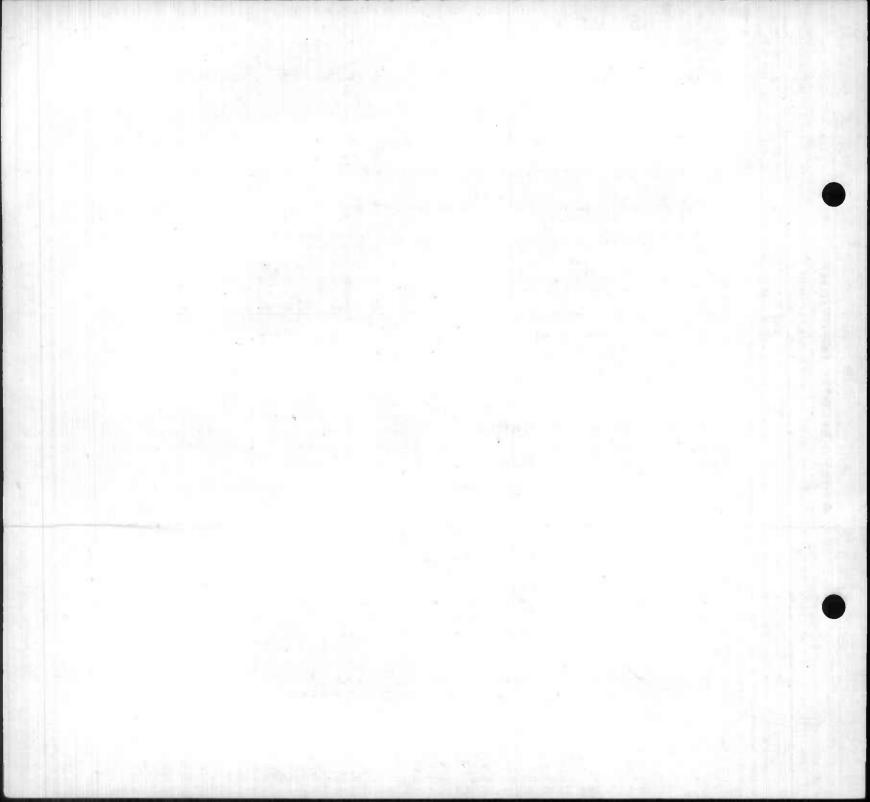
_				BALTIMORE C	TTY HEALTH DEPA	ARTMENT		65	2254	
	CASE NO.	5 2254		CERTIFIC	CATE OF D		Registered No.		757501	
Туре	or Print)	AMBROSE	G. WARI	ICK, SR.		Febru	ary 27, 19	65   3:	10 p м.	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or locotion) INSTITUTION					A. STATE Maryla c. city or to	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
	Bal	timore City	Hospita	1	7607 N	forth Po	int Road,	21219		
s. sex	9	White	Marr		April 1	4-1903	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min,	
done de		rking life, even if refired		m Steel Co.		Carolin	na	U.S.A.	UNTRY?	
	Alfre	ed M. Warli	ck		Essie	e Well	man			
15, Wa (Yes, no	s Deceosed E	ver in U. S. Armed F f yes, give war or da	orces?	16. SOCIAL SECURITY NO. 217-22-2579	Wife. Mr		nie Warlick,	# 4.a.b.		
h in	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION tost.  (B)  (C)  (D)  (C)  (D)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C)	anay al Sch	Athe beok	Refam - o schoo; E At D	is s	2 hs.	
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			NO NO						
0	A. ACCIDENT R CONTRIBUT EATH (notify of	WAS UNDERLYING ING CAUSE OF nedical examiner)	218 horetc	S. PLACE OF INJURY (e. ne. larm, foctory, street .)	g., in or obout 21C. V in office bldg., INJUE	WHERE DID RY OCCUR?	(If in Boltimo	ore City, give exoc	t locotion)	
30	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Mort		While							
th	ot (I) (we) I		sed olive on	1) (We) (did) (did no	t) view the body	ond th	19 to not in (my) (our) op Stoff Phys	23B. DATE SIGN	NED	
24A. Bu	C. PHYSICIAN NAME (Type BURIAL CREM REMOVAL (Sp LT1a]	Roge ATION, 248. DATE ecity) March Y HEALTH DEPT.	3-1965		23D. ADDRESSD. 520 D ST CREMATORY  Faith 25C. FUNER	treet.	Sparrows Po	int. Md. City, town, or coun	21219 (Stote)	
V\$ 150	0-REV. 1/1/65	AR 2 1965	Moters	C, Toway."	John	J. Duas	7922 Wise	Ave. Dund	BLK, 21222	



## FUNERAL DIRECTOR: IMPORTANT

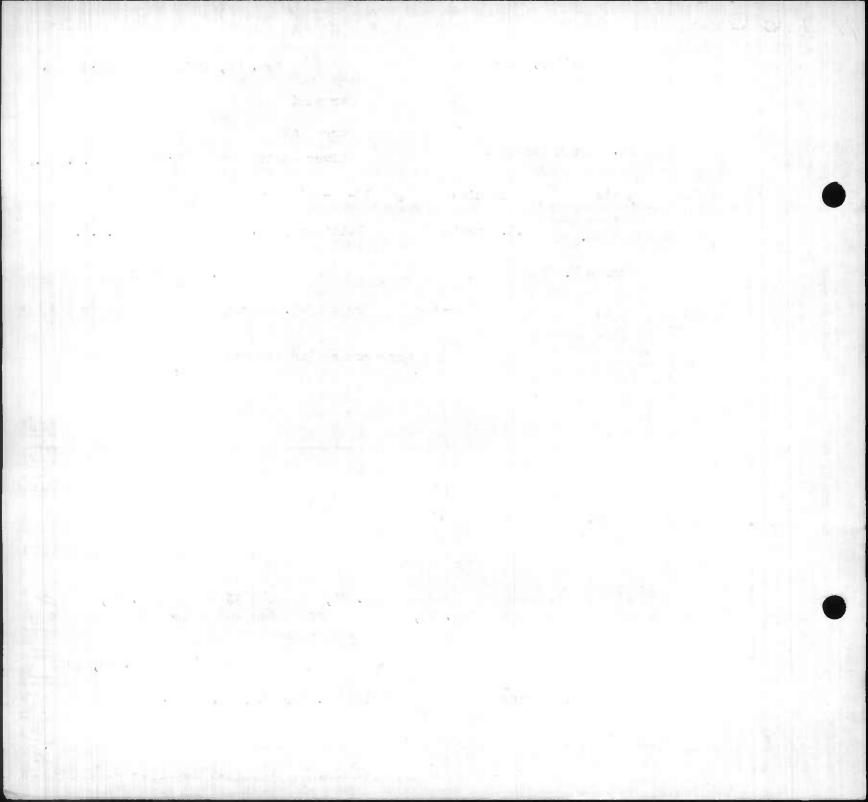
pital and of death cause; (5) Deceased on the Such a hospital death. ance Cause attend prior contributing occurred (4) Undetermined is made. regular deceased death disposition = the direct or Mas the assistant death LO kind; final attendance any pronounced 9 or his Also, of embaimed fracture the chief medical examiner OL regul who are 4 (E) physician before the remains Was medical burns; physician (2) Body 0 O the body was released to the hospital by where ° any nature; be approved by be obtained 9 (except and o death) hospital must An accident certificate must 0 approval 0 prior at eceased was D.O. decease shows:

BALTIMORE CITY HEALTH DEPARTMENT RTIFICATE OF DEATH Registered No. BIRTH NO M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) e.b 65 4. USUAL RESIDENCE (Whore deceased lived, If institution; residence before admission) COUNTY A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street /auc address or location CITY OF (If outside city limits, write RURAL and give township) Hood Nursing rurol, give location) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years OF If Under 1 Yr. Months: Days If Under 24 Hrs. WIDOWED. DIVORCED (specify) Hours ! last birthday idowed INA USUAL OCCUPATION (Give kind of workhoe, KIND OF BUSINESS OR INDUSTRY 171, BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even it retired) WHAT COUNTRY? Housewife ALA DUG 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME rthor 15. Was Deceased Ever in U. S. Armed Forces? (Yes, na prunknown) (If yes, give war ar dates of service) 16. SOCIAL ADDRESS 17. INFORMAN SECURITY NO. 50 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. Il means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or Na) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, larm, loctary, street, office bldg., INJURY OCCUR? (If in Baltimara City, give exact lecation) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined) etc.) 21 D. TIME (Month) (Doy) (Year) (Hout) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Nat While (APPROX) At Work Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive an and that In(my) (aur) opinion death occurred on the date and hour and from the equses stated above. (1) (We) (did) (did not) view the body after death, 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Diractor Staff M.D. Phys. 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) M.D. 24A. BURIAL CREMATION. DATE 24B. 24C. NAME OF CEMETERY OF CREMATORY REMOVAL (Spacify) Cem rKWOOd 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV, 1/1/65

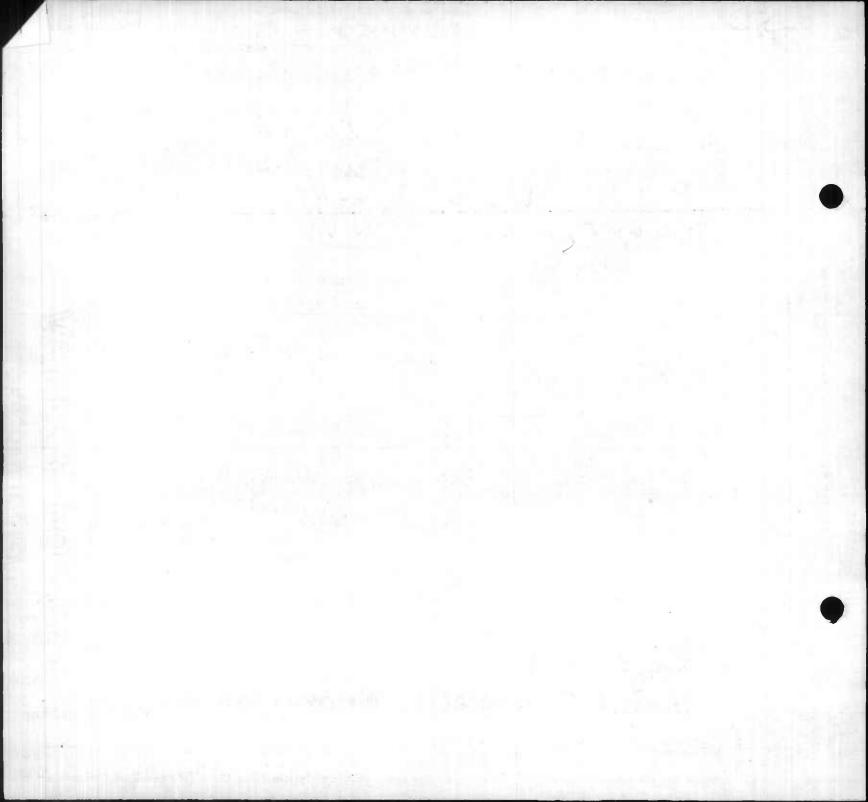


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. **FUNERAL DIRECTOR: IMPORTANT** 

-	0000		BALTIMORE CITY	HEALTH DEPARTMENT		65 0000
BIRIH NO.	65 2256		CERTIFICA	TE OF DEATH	× Registered No	65 2256
NE CASE NO.	CEASED				ND HOUR OF DEATH	
Type or Print)	Neise	r, Henry	T	Feb	. 28, 1965	11:40 A. N
FULL NAME	ATH IN BALTIMORE, MA		give street		re deceased lived. If inst	itution: residence boloro admission.
HOSPITAL OR	oddress or location	n)	give and	C. CITY OR TOWN (IF OU	tside city limits, write RU	JRAL and give township)
				Perry Hall		53-00
	St. Joseph I	Hospital		Silver Sprin	g Road Peri	ry Hall P.O. Md.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  White Male Married				B. DATE OF BIRTH  12-26-91	9. AGE (In yours lost birthdoy)	If Under 1 Yı. If Under 24 His. Months Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	ion Dept.	G.L. I	Martin	Baltimore, Md	•	U.S.A.
3. FATHER'S NA				14. MOTHER'S MAIDEN NA		
	0 vv Nr				20 20	
5. Was Decease	George H. No		1 6. SOCIAL	17. INFORMANT	nna M. Messir	ADDRESS
es, no oi unknow	n) (If yes, give wor or doto	s of sorvico)	SECURITY NO.	THE WHITE COLUMN		CARLESS.
No			216-09-6530		iser Box 387	Silver Spring Ros
18.33	/ X		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIE	RECTLY				
(This does	not mean the made of	orrhage				
	, asthenia, etc. It meons mplication which caused					
,	ANTECEDENT CAUSES		(B)			
DISEASES			DUE TO			
	OR CONDITIONS, if ne obove couse (A)		(C)			1,000
UNDERLYIN	G CONDITION lost.		8 5 0 0 m 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	m 00 0 m 0 0 m 0 0 0 m 0 m 0 m 0 0 0 0		gran ma <b>nga</b> triri 0 m 0 m 9 i - - - - - - - - - - - - - - - - - - -
TO THE	IIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS	TED TO TH				
	F OPERATION 19B. CON WAS PER	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FII	NDINGS CONSIDERED SES OF DEATH?
E 0				No		
_ OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examiner)	21 B. hom etc.)	e. form, fectory, street, of	or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locotion)
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)		Whi	ilo At Not While	• 🗖 📗		
22 1	.l /I\/.l I tI			10h 27	10.05	Feb. 28. 19 65
	that (I) (this hospitol					
					not in (my) (our) opini	on death occurred on the dot
		red above. (I	) (We) (did) (did not) v	iew the body ofter deoth.		
23A. SIGNAT	URE	111-				23 B. DATE SIGNED
	4	Mai	M.D. Atte	mding Med. Director	Stoff Phys.	Feb. 28, 1965
23C. PHYSICI,	Type) Dalvador	Marse	M.D.	1400 N. Caroli	ne St. 21213	
4A. BURIAL CRI REMOVAL	EMATION, 248. DATE	24C. NA	AME of CEMETERY or CRE			, town, or county) (Stote)
Buri	al 3-3-19	65 Bel	lair Memorial	Cemetery Rel	air	Md.
SA. DATE REC'E	BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS 34
	MAK 2 1965	Colab	r E. Starber M.D	Lassalwy	miss & Home	7401 Below Roms
/S 150-REV. 1/1/	/65			The second of the	The state of the s	Tallace Con Land



	0.00	BALTIMORE CIT	Y HEALTH DEPARTMENT	65 9965				
BIRTH NO. 65 2257 CERTIFICATE OF DEATH Registered No. 65								
1.1	NAME OF DECEASED.	ΛΛ	2. DATE AND HOUR OF DEATH					
	VIRGINIA	MURE		8,1765 6:20 R				
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased fived. If in A. STATE B. COUNTY	stitution; residence before edmission)				
	FULL NAME OF (If not in hospital or institution and oddross or location)	on, give street	IMD,					
	INICTITUTION	1	C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)				
1	NONTERELLO STATE H	OSPITAL	D. STREET ADDRESS (If rurol, give location)	33200				
1			5138 ALBERTA F	FUE .				
5.		ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.				
	F W W	DOW	4-5- 1879 85					
	A. USUAL OCCUPATION (Give kind of work 10 B. KIND p during most of working life, even if retired)	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT, COUNTRY?				
	11	usewife	W. VA.	0.5.				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	Unknown Bond		Mary Fran	nces Savin				
15. (Ye	Was Deceased Ever in U.S. Armed Forces? es,no or unknown) (II yes, give wer or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
	No	None	Mrs Jacqueline Robinson 51	.38 Alberta Avenue				
	18. /57X I	CAUSE	DF DEATH	INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cas	CINOMA OF PANEREAS	6 Mass				
1	(This does not mean the made of dying,	.g., DUE TO	ECINOMA OF TANGKERD					
	heart failure, asthenia, etc. It means the disea injury or complication which caused death.)	15 e,						
	ANTECEDENT CAUSES	(B)						
	DISEASES OR CONDITIONS, if any, giv	ing						
	rise to the obove cause (A) stating UNDERLYING CONDITION lost.	Ihe (C)		334-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4				
	II .							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	THE ARTHOLIS	LEROTIC HEART DISEAS	F				
CAI	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION		FINDINGS CONSIDERED				
ERTIFIC	WAS PERFORMED		MG , IN CERTIFYING CA	USES OF DEATH?				
0	21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (II in Boltimore office bldg., INJURY OCCUR?	o City, give exect locotion)				
CAL	DEATH (notily modical examinar)	otc.)	onice sings, invoki occok:					
10	21 D. TIME (Month) (Dov) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
WE	(APPROX.)							
	22. I certify that (M(this hospital) attended the deceased from JAN 12 1965 to FEB. 28 1965.							
	that (H) (we) last saw the deceased alive of	in FEB.	28 19 6 5 and that in (my) (aur) apl	nian death accurred on the dat				
	and haur and from the causes stated above	. (H) (We) (did) (did not)						
	23A. SIGNATURE			238, DATE SIGNED				
	Living L. Coopersein	M.D. At	ys. Med. Stoff Phys.	FEB 28,1965				
	23C. PHYSICIAMS NAME (Type)		23D. ADDRESS					
	1 RVING L. COOPED	RSTEIN M.D	MONTEBELLO STATE HOST	P. BALTO. MD.				
24.	A. BURIAL CREMATION, 248. DATE 240 REMOVAL (Specily)	NAME of CEMETERY of CI	REMATORY 24D. LOCATION (C	ity, town, or county) (State)				
	7	reenmount Ceme	tery Baltimore	Md.				
25	A. DATE REC'D BY HEALTH DEPT. 258. NAM	TE OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS 34				
	MAR 2 1965 966 a	DE, dansey, "	Lassahndungsaf Hom	e 7401 Below Rose				
VS	150-REV. 1/1/65	******						



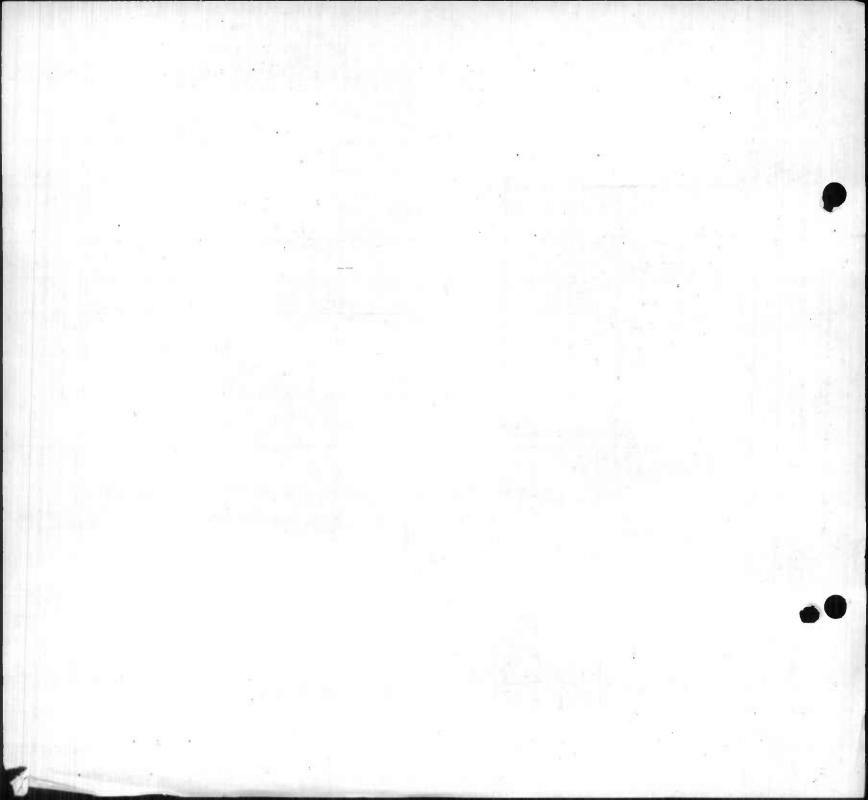
1	1/2/10
1.6	15005
	and the the
	P. o d
	Spir
	ho use
1	ca use ten to
	ca ca .
	but lar dep
	ntri rmi sgu
	colored in recent
	or or India de
П	if dect (4) Uwa wa the
Z	dir dir dis
TA	isto he kin dea ce ce nal
OR	ass if t my my dan dan dan
AP	his of a once
=	Als Als att
~	er. ctu pro lar
10	fra fra
EC	X X X X X X X X X X X X X X X X X X X
SE	al e
-	dice dice Jrns ysic wa
FUNERAL DIRECTOR: IMPORTANT	me me y bu ph ph
Z	Sod sod
F	by by 2) E re t phy fore
	rheital No No
	d b osp it ur (6)
	broved by the chief medical examiner or his assistant if death occurred he hospital by a medical examiner. Also, if the direct or contribution ny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined except where the physician who pronounced death was in regular and (6) No physician was in regular attendance on the deceased pribatained before the remains are embalmed or final disposition is made.
	ppr an) (ex (ex ; all
	d tof rof ral ral t be
	st base den den dec dec mus
	ele ccic to to
	at at at roor
	A. A. d. p.
	s: ()
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
]	RGB 5333

0000	BALTIMORE CITY	HEALTH DEPARTMENT		CE OOFO
BIRTH NO. 65 2258	CERTIFICA	TE OF DEATH	Registered No	65 2258
M.E. CASE NO.		2. OATE A	ND HOUR OF DEATH	
	IN WALSH		Mar. 1, 1965	9:10 A
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (WI		stitution: residence before admission)
FULL NAME OF (II not in hospital or ins	titution, give street	Md.	2	4-03
HOSPITAL OR oddress or location) INSTITUTION			outside city limits, write i	RURAL and give township)
US Public Health Servi	ce Hospital	Baltimore O. STREET ADDRESS	(Caral San Landon)	
Wyman Pk. Drive & 31st	_	1456 Willis	of rurol, give locotion)	
. SEX   6. RACE   7. A	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
M W	Married (specify)	8/17/03	lost birthdoyl	Months Ooys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Conveyor Operator	Raitroad	Pa.		USA
3. FATHERS NAME	and the second second	14. MOTHER'S MAIDEN N.	AME 5	0001
James J. Walsh		Mary E. B	ergen	
. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		AODRESS
(es, no or unknown) (If yes, give wor or dotes of	service) SECURITY NO. 178-01-5761	Records- US	PHS Hospital	Balto Md
18. 4.20, 1 1x.200	CAUSE O		130000000000000000000000000000000000000	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	Y			ONSET AND DEATH
LEAOING TO DEATH		ite myocardial	infarction	Terminal
(This does not mean the mode of dyin heart lailure, asthenia, etc. It means the				
injury ar complication which caused deal	601	conary artery d	isease	Unknown
ANTECEDENT CAUSES	OUE TO		. ^ *******************************	0484700 0 0 0000 maaaa oo 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) state				
UNDERLYING CONDITION lost.	, , , , , , , , , , , , , , , , , , , ,			
, II	-	,		Apppox.
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE	mphosarcoma		18 mos.
	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or I	No) 208, IF YES, WERE I	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM			IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
DEATH (notify medicot exominer)	home, form, foctory, street, or etc.)	mee biog., INJORI OCCUR:		
21D. TIME (Month) (Doy) (Year) (He	out) 21E. INJURY OCCURRED	21F. HOW DIO IN	JURY OCCUR?	
OF INJURY (APPROX.)	While At Work Not While At Work	•		
22. I certify that (1) (this hospital) att		Sept. 11	19 64 to Mar	1 19 65
that (1) (we) last saw the deceased al	Man 7	19 65 and	/	nian death accurred an the date
and havr and fram the causes stated a				
23A. SIGNATURE			•	23B, DATE SIGNED
	M.D. Atte	ending Med.	Stoff Phys.	3/1/65
23C. PHYSICIAN'S DANIEL		23D. ADDRESS	.,	
Donald W. Schlott	, Surgeon M.o.	US PHS Hospi	tal, Balto.Mo	
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CRI			ty, town, or county) (State)
Burial 3 4 65	Holy Cross	Dr		
	NAME OF REGISTRAR	25C. FUNERAL DIRECTO		Oo Mdo
MAR 2 1965 (7.	Dr. B. E. Farber H.A.	Mc Cully		E. Fort "ve
'S 150-REV. 1/1/65				

Daniel is Stungt

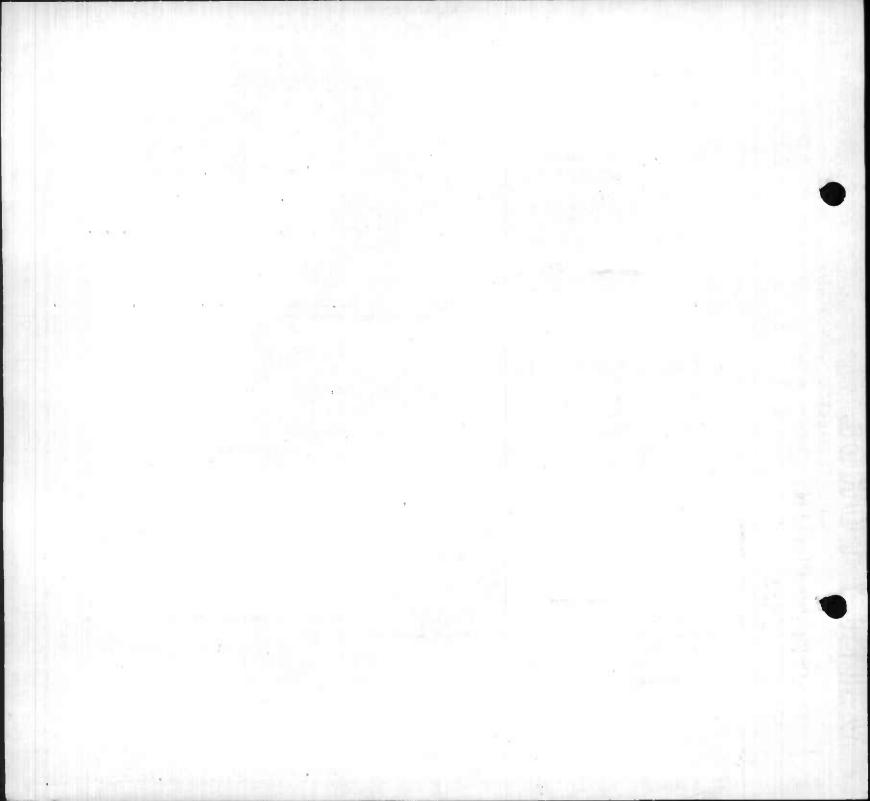
FUNERAL DIRECTOR: IMPORTANT
This certificate must be proved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such the deceased prior to death.

05 0050	BALTIMORE CITY	HEALTH DEPARTMENT		
иятн но. 65 2259	CERTIFICA	TE OF DEATH	Registered Na.	65 2259
M.E. CASE NO. I. NAME OF DECEASED ( Nett			AND HOUR OF DEATH	
Type or Print)	A. Wheeler	Fe	b. 28, 1965	10 A M
PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (W	here docoosed lived. If in	stitution: residence before admission)
FULL NAME OF (If not in hospitol	or instilution, give street	Md.	7	24102
HOSPITAL OR oddress or locotio		C. CITY OR TOWN (If	outsido city limits, write l	RURAL and give township)
		Balto.		
816 E. Fort	Ave.	D. STREET ADDRESS		
		816 E. For		
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
F W	Married	May 30,1898	66	In all the second secon
OA. USUAL OCCUPATION (Give kind of wor one during most of working life, even if retired)		11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Maryland		USA -
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
William Allen		- continue		
5. Was Deceased Ever in U. S. Armed Fo 'es, no ar unknown) (If yes, give war ar date	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	SECURITI NO.	Family		Same
18. 2 0 0 1	CAUSE O	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DI	RECTLY			ONSET AND DEATH
LEADING TO DEATH	(A) Chr	mic Murrand	had Negeneral	241.
(This does not mean the made of heart failure, asthenia, etc. It means	dying, e.g., DUE TO			
injury or complication which caused	death,)	mi Myozard mi hepl	7-	1 44
ANTECEDENT CAUSES	(B) U	mu repl	nus	770
DISEASES OR CONDITIONS, if	any, giving	•		
rise to the above cause (A) UNDERLYING CONDITION last.	stating the (C)			
11				
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING			
TO THE DEATH BUT NOT RELA				
19A-DATE OF OPERATION 19B. CONWAS PER	NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		office bldg., INJURY OCCUR?	(If in Boltimore	City, give exect lecetion)
U	etc.)			
OF INJURY (Month) (Doy) (Year)		21F. HOW DID II	NJURY OCCUR?	
(APPROX)	While At Work	le 🗌		
22. 1 certify that (1) (this hospita	I) attended the deceased fram	2-3	19 <u>/ 3</u> to	2-28 19 65
that (I) (we) last saw the decease	- A /			nian death accurred an the dat
	ited abave. (1) (We) (dld) (did nat)			
23A. SIGNATURE	O CO A	The budy unter dealt		23B. DATE SIGNED
1/1	M.D. All	ending Med. Director	Stoff Physics	2-1-10
23C. PHYSICIAN'S	Phy	23D. ADDRESS	Phy s.	8-163
NAME (Type)	M.D.	MAY E. F.	out Cine.	
4A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 134D	LOCATION (C	ly, town, or county) (State)
REMOVAL (Specify)	11.1			b I
-11-1	65   Cedar Hill Cem		Balto. 2	
MAD 9 1065	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
MAR & 1303	HISTORIA CI	modully rune	eral Home 130	E. ort Ave.
VS 150-REV. 1/1/65				

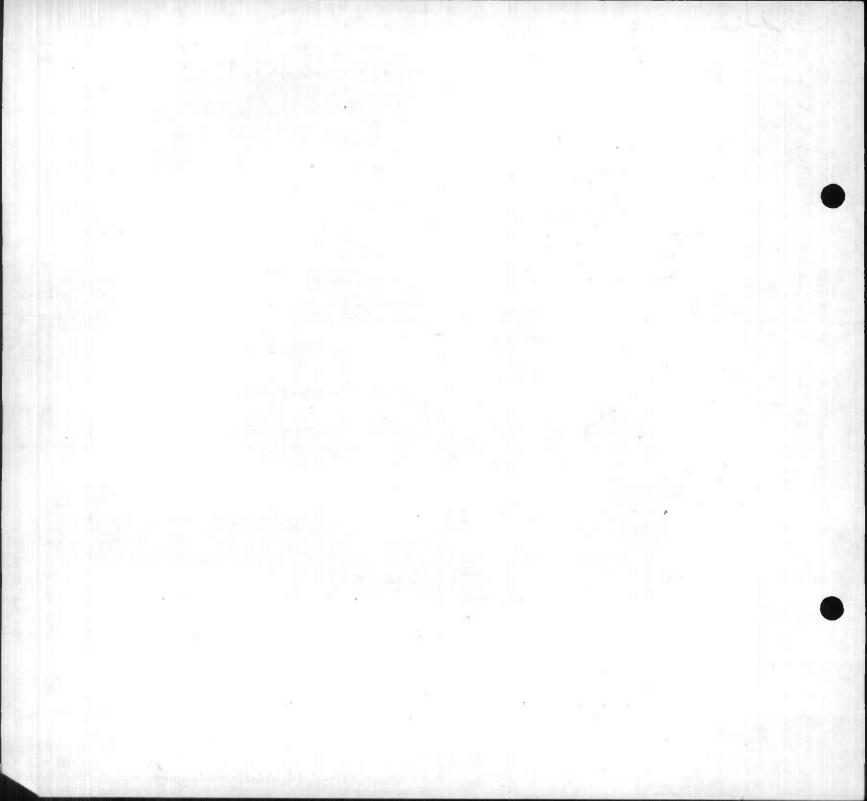


Such (

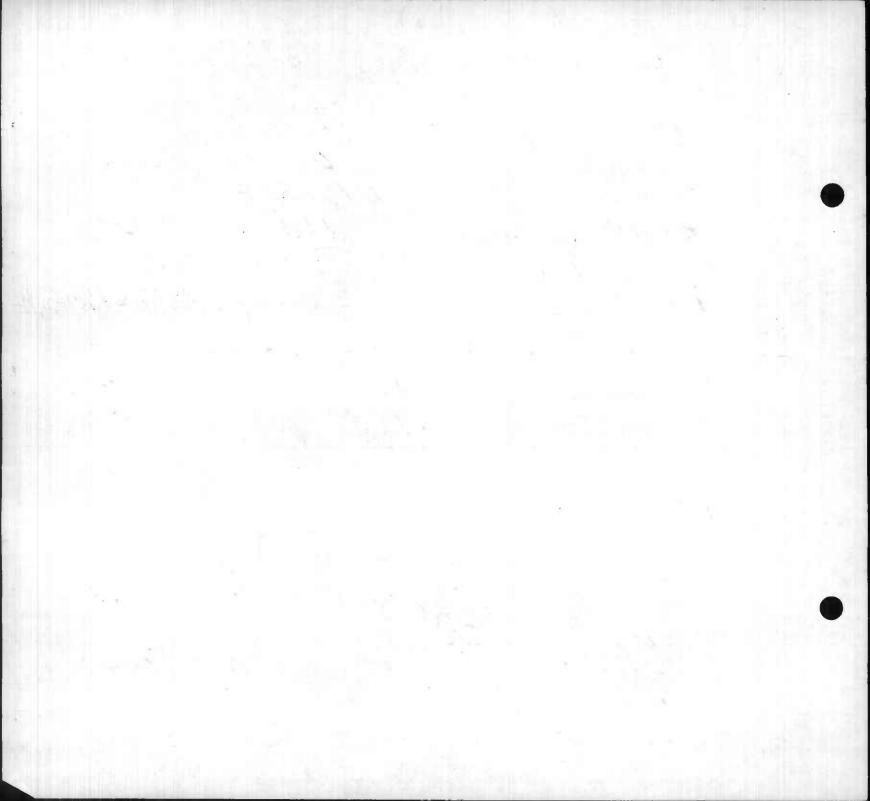
	BALTIMORE CIT	Y HEALTH DEPARTMENT	(	'E 0000
IRTH NO. 65 2260	CERTIFICA	TE OF DEATH Reg	gistered No.	65 2260
NAME OF DECEASED		2. DATE AND HOU	R OF DEATH	
ype of Print) Florence (	onrad Ady	February  14. USUAL RESIDENCE (Where decen	24, 1965	5 15:45 P.
PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where deced	sed lived. If instituti	on: rosidonce before admissio
FULL NAME OF (If not in hospital or ins	tilution, give stroot	Manuland	7	04
HOSPITAL OR address or location)	, , , , , , , , , , , , , , , , , , ,	C. CITY OR TOWN (If outside cit	y limits, write RURA	L ond give lownship)
		Baltimore		
608 E. 31st Street			ve location)	
		608 E. 31 st St.		
- · · · · · · · · · · · · · · · · · · ·	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9, AGE	hday) Moi	Jndei 1 Yı. If Undei 24 Hi nths Doys Hours Min.
	lidowed		05	
DA, USUAL OCCUPATION (Give kind of work 10 B, one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRI			CITIZEN OF WHAT COUNTRY?
Housewife		Long Green, Mary	land	u. J. A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Conrad Sichh Wos Deceased Ever in U. & Armed Forces?	0/+2	Sallie Meyers		
was Deceased Ever in U. S. Armed Forcas?		17. INFORMANT		ADDRESS
No	service) SECURITY NO.	Mrs. Sarah McAll	ister 608	E. 31 st St.
18.420.11	CAUSE	DF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL				ONSET AND DEATH
LEADING TO DEATH	(A) Acut	e myocardial inf	arction	10 min.
(This does not meon the mode of dyin heart failure, astherio, etc. It means the				
injury or complication which caused deal	h.) Art.e	rioscleratic car	dio-	5 7:30
ANTECEDENT CAUSES	DUE TO	riosclerotic car vascular dise	250	5 yrs.
DISEASES OR CONDITIONS, if ony,	giving		400	
UNDERLYING CONDITION lost.	(0)		***************************************	
II II				
OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO THE			
DISEASE OR CONDITION CAUSING IT.		120 A Brown (V Mail 200	IF YES MISSE FINE	No. Congress
19A. DATE OF OPERATION 198. CONDITION	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yos or No) 20 B.	ERTIFYING CAUSES	OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (0.9.	in or obout 21 C. WHERE DID	(If in Baltimore City	, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (natify modical examiner)	hame, form, foctory, street, etc.)	office bldg., INJURY OCCUR?		g o onco country
		THE HOW BIR BUTTON OF	CCUP	
OF INJURY	While At Not Whi	21F. HOW DID INJURY O	CCOK!	
(APPROX.)	Work At Work			
22. I certify that (I) (this hospital) att	ended the deceased fram	anuary 1958	ta Februa	
that (1) (we) lost saw the deceased al	ve an February 1	23 19 65 ond that in (r	ny) (σστ) apinion	death accurred on the d
and hour and fram the causes stated a	bove. (I) (We) (dld) (did-net)	view the bady after death.		
23A. SIGNATURE				DATE SIGNED
Low E. S	destos M.D. At	tonding Mod. Stoff Phys.	F	eb. 25, 1965
23C. PHYSICIAN'S	0	23D. ADDRESS		
NAME (Type) Lloyd E. S	Saylor M.D.	3902 Greenmour	nt Ave	Balto., Md.
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CE			wn, or county) (Stote)
REMOVAL (Specify)				
Burial 2/27/196	Milson Methodi NAME OF REGISTRAR	st Church Cemetery 25C. FUNERAL DIRECTOR	Long Gre	en, Maryland
MAR 2 1965 (2)	les E. tarbey M.A	st (hurch (emetery 25c. FUNERAL DIRECTOR John A. Moran In	2000 5	ADDRESS -
	Sen Ci day	Joice Horan In	c 3000 E. [	saltimore St.
/S 150-REV. 1/1/65				



VS 150-REV, 1/1/65

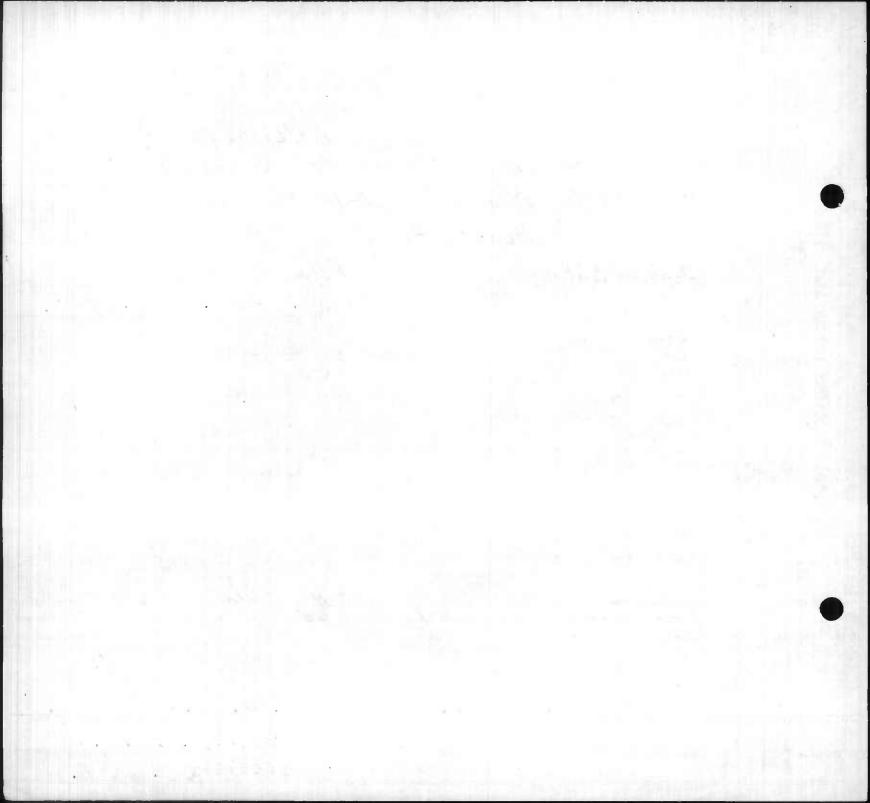


	BALTIMORE CITY HEAL	TH DEPARTMENT	C) (m)
BIRTH NO. 65 2262 M.E. CASE NO.	CERTIFICATE (	OF DEATH X Registered No	. 65 2262
Type of Print	ard Strong	2. DATE AND HOUR OF DEATH	
3. PLACE OF SEATH IN BALTIMORE MARYLAND	4 US	24 Feb 65 UAL RESIDENCE (Where deceased lived. If ATE B. COUNTY	institution: residence before admission)
FULL NAME OF (If not in hospital or institution, address or facation)	grve street		
INSTITUTION ·	Unsh	TY OR TOWN (If owtside city limits, write	RURAL and give township)
University ,	D. ST	REET ADDRESS (If rurol, give lacotian)	1/2
		E OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths: Days Haurs; Min.
0 11	D. DIVORCED (specify)	Mar 82 82	Manths Days Hauts Min.
		THPLACE (State or Joreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life even if retired)  13. FATHER'S NAME  KENNEY James	14. M	OTHER'S MAIDEN NAME	U_3, A.
KENMEY James	Edward 1	111/50n1 51	lea
		ORMANT //	ADDRESS
(Yes, na ar unknawn) (If yes, give war ar dates at service)	1	Timer Kenney	MiteHaven, M
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEA	TH	ONSET AND DEATH
LEADING TO DEATH	(A) Bactere	no & metabole	c 24hu
heart failure, asthenia, etc. Il means the disease injury or complication which caused death.)		shiek	-/.
ANTECEDENT CAUSES	DUE TO	rmonia	30 Mg
DISEASES OR CONDITIONS, if any, giving tise to the obove couse (A) stating the		t. ob.	5 days
UNDERLYING CONDITION last.			/
UNDERLYING CONDITION Igst.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
PA. DATE OF OPERATION 198. CONDITION FOR	/	A. AUTOPSY? (Yes or No.) 208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g., in or abo me, farm, factory, street, office bld		are City, give exoct lacotion)
DEATH (natify medical examiner)		g., INJURI OCCUR!	
OF INJURY	L INJURY OCCURRED  hile At Not While	21F. HOW DID INJURY OCCUR?	
(APPROX.)  22. I certify that (1) (this hospital) attended	ark At Wark	65 19 1024	Fel 65 19
that (I) (we) last saw the deceased alive on.	0) 1/ -/ / / /	19 and that in(my) (our) as	
and hour and from the causes stated abave.		e bady after death.	
and hour and from the causes stated above.  23A. SIGN MORE  Dougla	S B. Cain  M.D. Attending Phys.	Med. Staff Phys.	23B. DATE SIGNED 24765
23C. PHYSICIAN'S NAME (Type)  D. R. CA // 24A. BURIAL CREMATION, 24B. DAJE 24C. N	23 D. A.		/ / / /
24A. BURIAL CREMATION, 24B. DAJE 24C. N	M.D.	University b	05/2.
REMOVAL (Specify)	Comir & Man	Park 24D. LOCATION	City, town, or county) (State)
BUNIZI 9-2765 N 25A. DATE REC'D BY HEALTH/DEPT. MAR 2 1965 P.D.	250	C. FUNERAL DIRECTOR	ADDRESS
MAR 2 1965 (C.S.)	25 Carpent C	" Ull posed	BIVZIVY MO



## This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

THE NO.  1. PLACE OF DEATH IN EASTERDARY MARILAND  2. PLACE OF DEATH IN EASTERDARY MARILAND  3. PLACE OF DEATH IN EASTERDARY MARILAND  3. PLACE OF DEATH IN EASTERDARY MARILAND  4. DISTAL OR OTHER THAN OF 11 And in beginning of the statistics of the state of the sta	CE 0000	BALTIMORE CITY HEA	ALTH DEPARTMENT		OF DOOR
LINAME OF DECEMBER   1965   1965   1965   1966		CERTIFICATE	OF DEATH	Registered No.	65 2263
3. PLACE OF CRATH IN EARTHMORE MARILAND  3. PLACE OF CRATH IN EARTHMORE MARILAND  OF CRATH IN EARTHMORE MARILAND  OF COMMAND III contains on the contain stitution, give above information of vibrate of income of containing on the containing of the	1. NAME OF DECEASED		2, DATE AND	HOUR OF DEATH	
FULL NAME OF INSTITUTION (III not in hospital or institution, give aboed address or location)  SOUTH BALT MOPE OF REFERENCE (III of the property of the proper	(Type or Print)	DEP.	Marc	41.1963	13: 30 8
DISEASE OR CONDITION DIRECTLY  EADING TO PERSTAND DESTANDS  DISEASE OR CONDITION DIRECTLY  EADING OR DEATH OF THE STAND DESTAND OF THE STAND DEATH  IT IS does not mean the mode of defin, e.g., injury or complication which coused death.)  DISEASE OR CONDITION DIRECTLY  EADING TO DEATH  IT IS does not mean the mode of death.)  ANTECEDENT CAUSES  DISEASES OR CONDITION DIRECTLY  EADING TO DEATH  IT IS does not mean the mode of death.)  ANTECEDENT CAUSES  DISEASES OR CONDITION CONSTRUTION DIRECTLY  EADING TO DEATH  IT IS does not mean the mode of death.)  ANTECEDENT CAUSES  DISEASES OR CONDITION CONSTRUTION DIRECTLY  EADING TO DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO	3. PLACE OF DEATH IN BALTIMORE, MARYLAND				tution: residence before odmi,
C. CITY OF TOWN! If abundancy is limit, waite FURAL page give townships			M a.		1404
SOUTH BALT MORE GENERAL HOSP.  S. SEE	HOSPITAL OR oddress or location)		CITY OR TOWN III outs	ide city limits, write RU	RAL and give township)
SOUTH BRITE MADES  5. SEE  6. RACE  7. MARSHED NEVE MARSHED  10. DISCHARGE OF CONDITION OF SURVEY MARSHED  10. SECURITY NO.  11. BIRTHALACE (Said of larging country)  12. CHIRILIN OF WHAT COUNTRY  13. MOTHERS MADEN NAME  14. MOTHERS MADEN NAME  15. Was Decembed faver in 0.3. A Amind Forest  16. MOST AND IN SECURITY NO.  16. MOTHERS MADEN NAME  17. INFORMANT  18. MOTHERS MADEN NAME  18. MOTHERS MADEN NAME  19. MOTHER SWEET MODERNAM  19. SOCIAL  10. SECURITY NO.  11. INFORMANT  20. CAUSE OF DEATH  11. INTERVAL BETWEET ONSET  11. WAS DECEMBED OF SURVEY OF SURVEY NAME OF SURVEY O	INSTITUTION		B. 14:	no no	77
Disease or condition directly leading to service   10. Security no.		D.	STREET ADDRESS (III	urol, give location)	2/200
S. SER   S. BACE   P. MARRIED NEVER MARRIED   S. DATE OF BIETH   P. ACE (in year)   Hours   P. Months   P. Month	South Baltimore GENE	nal Hasp.	HN7 E	Frot F	FILE.
WIDOWED, DIVORCED, specify	5. SEX 6. RACE 7. MARRIED,	NEVER MARRIED B. D	ATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 2
ADDRESS   CAUSE OF DEATH   CAUSE OF DE	WIDOWED WIDOWED	), DIVORCED (specify)	1 11- 1000	ost birthdoy)	Aonths Doys Hours A
ADDRESS   CAUSE OF DEATH   CAUSE OF DE	10A/USUAL OCCUPATION Give kind of work 10B. KIND OF	BUSINESS OF INDUSTRY 11.	BIRTHPLACE (State or foreign	n country)	12 CITIZEN OF
13. FATHERS NAME   14. MOTHERS MAIDEN NAME   15. West Decested Ever in U. 5. Armed Folcess?   16. SOCIAL   17. INFORMANT   20. INFORMANT   2	done during most of working life, even if retired)		//	/	WHAT COUNTRY?
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. SOCIAL   17. INFORMANT   20. INFORMANT	None Hou	SEWITE		4,	USA
Test and one of the control of the	13. FATHER'S NAME	14.	MOTHER'S MAIDEN NAM	E	
Table   Tabl	Isena Adking		Ella n.	Jannie	
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., theat folius, eathering tell, il means the disease, injury of complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving inse to the death caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS CONTRIBUTING DISTORMED (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISTANCE OF CONDITION CONTRIBUTING CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTING DISEASE OR CONDITION COLUMNS OF THE DISTANCE OR CONDITION CAUSING THE DISTANCE OR CONDITION COLUMNS OF THE DISTANCE OR COLUMNS OR			INFORMANT	01110.	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the made of dying, e.g., heard folius, ashenic, etc., It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) sholing the UNDERLYING CONDITIONS CONTINUENT OF A CONTINUEN			achary T. Carn	er Sr. Illi	7 E. Fort ave
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the made all dying, e.g., heard failure, astheria, etc., It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving nise to the obove cause (A) stoling the UNDERLYING CONDITION for the DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  21.A. ACCIDENT WAS UNDERLYING TO MAS PERFORMED  22.A. ACCIDENT WAS UNDERLYING AS THE CONDITION FOR WHICH OPERATION COUNTY (E.g., in or obout 21C, WHERE DID DEATH (notify medical examined)  22.A. ACCIDENT WAS UNDERLYING AS THE CONDITION FOR WHICH OPERATION COUNTY (E.g., in or obout 21C, WHERE DID DEATH (notify medical examined)  22.A. ACCIDENT WAS UNDERLYING AS THE COUNTY (E.g., in or obout 21C, WHERE DID DEATH (notify medical examined)  22.A. ACCIDENT WAS UNDERLYING AS THE COUNTY (E.g., in or obout 21C, WHERE DID DEATH (notify medical examined)  22.A. ACCIDENT WAS UNDERLYING AS THE COUNTY (E.g., in or obout 21C, WHERE DID MAS PERFORMED)  22.A. ACCIDENT WAS UNDERLYING AS THE COUNTY (E.g., in or obout 21C, WHERE DID MAS PERFORMED  22.A. ACCIDENT WAS UNDERLYING AS THE COUNTY (E.g., in or obout 21C, WHERE DID MAS PERFORMED)  22.A. ACCIDENT WAS UNDERLYING AS THE COUNTY (E.g., in or obout 21C, WHERE DID MAS PERFORMED  22.A. ACCIDENT WAS UNDERLYING AS THE COUNTY (E.g., in or obout 21C, WHERE DID MAS PERFORMED  22.A. ACCIDENT WAS UNDERLYING AS THE COUNTY (E.g., in or obout 21C, WHERE DID MAS PERFORMED  22.A. ACCIDENT WAS UNDERLYING AS THE COUNTY (E.g., in or obout 21C, WHERE DID MAS PERFORMED  22.A. ACCIDENT WAS UNDERLYING AS THE COUNTY (E.g., in or obout 21C, WHERE DID MAS PERFORMED  22.A. ACCIDENT WAS UNDERLYING AS THE COUNTY (E.g., in or obout 21C, WHERE DID MAS PERFORMED  22.A. ACCIDENT WAS UNDERLYING AS THE COUNTY (E.g., in or obout 21C, WHERE DID MAS PERFORMED  22.A. ACCIDENT WAS UNDERLYING AS THE COUNTY (E.g., in or obout 21C, WHERE DID MAS PERFORMED  22.A. ACCIDENT WAS U				C1	
(This does not mean the made of dying, e.g., heath follows, askening, etc. It means the disease, injury or complication which caused death).  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stoling the UNDERLYING CONDITION SOLVED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF THE DISEASE OR CONTRIBUTING CAUSES OF DEATH?  OF THE DEATH HOUSE OR CONTRIBUTING CAUSE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bidg, injury occur? of the part of the contribution of the part of	DISEASE OR CONDITION DIRECTLY		21 0	1 hale to	ONSEI AND DEAT
heart faiture, ashenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stoling the UNDERLYING CONDITION (A) stoling the UNDERLYING ON CONTRIBUTING (B) and the Condition (A) stoling the UNDERLYING ON CAUSING (C) and the Condition (A) stoling the UNDERLYING (C) and the Condition (A) stoling the Condition (C) stoling the C	LEADING TO DEATH	(A) Claute	MUCALLI	1 a your	*
INJURY OF COMPITIONS, If any, giving isse to the obove cause (A) stoling the UNDERLYTING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISTANCE OF CONDITION FOR WHICH OPERATION  OTHER SIGNIFICANT CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISTANCE OF CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION  20A. AUTOPSY? (Yes or No)  21A. ACCIDENT WAS UNDERLYTING WAS PERFORMED  21A. ACCIDENT WAS UNDERLYTING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?  OF INJURY (APPROX.)  21D. TIME (Month) (Doy) (Year) (How)  21E INJURY OCCURRED  While AI Not While While (A) (A) (Work)  21D. TIME (Month) (Doy) (Year) (How)  21D. TIME (Month) (Doy) (Year) (How)  21E INJURY OCCURRED  While AI Not While DOY INJURY OCCUR?  19 Ond that in (may) (our) opinion deoth occurred on the ond hough and from the couses, stored phove. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23C. PHYSICIAN  NAME (Typ)  33C. PHYSICIAN  NAME (Typ)  34A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  23D. ADDRESS  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  24D. DOZATE REC'D BY HEALTH DEFT. 25R. NAME OF REGISTERAR  ADDRESS  25A. DATE REC'D BY HEALTH DEFT. 25R. NAME OF REGISTERAR  ADDRESS  25C. PHYSICIAN  ADDRESS  25C. FUNERAL DIRECTOR  ADDRESS		DUE TO		· · · · · · · · · · · · · · · · · · ·	
DISEASES OR CONDITIONS, if ony, giving inse to the above cause (A) stoling the UNDERLYING CONDITION to State of Conditions Contributing to the Underlying Condition Causing It.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE UNDERLYING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?  199. DATA DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20.A. AUTOPSYTITES or No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  211. ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  212. A CCIDENT WAS UNDERLYING CAUSES OF DEATH?  213. ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  214. ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  215. PLACE OF INJURY (e.g., in or about 21.C. WHERE DID IN CERTIFYING CAUSES OF DEATH?  216. INJURY OCCUR?  217. HOW DID INJURY OCCUR?  218. INJURY OCCUR?  219. Ond that In (mm) (our) opinion deoth occurred on the ond house and from the couses, stoted above. (I) (We) (did) (did not) view the body after death.  230. PHYSICIANS (E.G.)  230. ADDRESS  240. BURIAL CREMATION 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) IS RIGHOVAL (Specify)  241. BURIAL CREMATION 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) IS CREMOVAL (Specify)  242. DATE REC'D BY HEALTH DEFT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		11. 4	001	1-1 1	0 1.
DISEASES OR CONDITIONS, if ony, giving inse to the above cause (A) stoling the UNDERLYING CONDITION to St. In the above cause (A) stoling the UNDERLYING CONDITION S. CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION 198. CONDITIONS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  211. ACCIDENT WAS UNDERLYING 198. PLACE OF INJURY (e.g., in or about 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH?  212. A CIDENT WAS UNDERLYING 198. PLACE OF INJURY (e.g., in or about 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH?  213. A CIDENT WAS UNDERLYING 198. PLACE OF INJURY (e.g., in or about 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH?  214. A CLIENT WAS UNDERLYING 198. PLACE OF INJURY (e.g., in or about 21C. WHERE DID IN CERTIFYING CAUSES OF DEATH?  215. PLACE OF INJURY OCCUR?  216. INJURY OCCUR?  217. HOW DID INJURY OCCUR?  218. INJURY OCCUR?  219. Ond that in (mm) (our) opinion deoth occurred on the ond hous and from the couses, stoted above. (I) (We) (did) (did not) view the body after death.  220. ADDRESS  221. ADDRESS  222. PAYSICIANS  223. DATE SIGNED  224. BURIAL CREMATION 108. PLACE OF REGISTRAR 108. PROOKLYM, A. A. Co. Md.  224. BURIAL CREMATION 108. PLACE OF REGISTRAR 108. PROOKLYM, A. A. Co. Md.  225. DATE REC'D BY HEALTH DEFT. 108. NAME OF REGISTRAR 108. PROOKLYM, A. A. CO. Md.  226. DATE REC'D BY HEALTH DEFT. 108. NAME OF REGISTRAR 108. PROOKLYM, A. A. CO. Md.	ANTECEDENT CAUSES	(B) TOOM	and the same	clarity land	corrocin do:
UNDERLYING CONDITION lost.    Columber   Condition   C	DISEASES OR CONDITIONS if any giving	DUE 191			
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  1974. DATE OF OPERATION 1975. DEATH (Month) 1975. DEA	rise to the above cause (A) stoling the	(C)	·		
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No.)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?    21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID   (If in Boltimore City, give exact locofion)   OR CONTRIBUTING   CAUSE OF DEATH?   (notify medical examiner)   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID   (If in Boltimore City, give exact locofion)   (If in Boltimo	UNDERLYING CONDITION lost.			,	
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No.)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?    21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID   IN CERTIFYING CAUSES OF DEATH?    21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID   IN CERTIFYING CAUSES OF DEATH?    21D. TIME   (Month) (Dey) (Year)   (Hour)   21E. INJURY OCCURRED   (If in Boltimore City, give exact location)   (If	Z II		110	21 NI.	
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No.)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?    21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?   19D. TIME (Month) (Dey) (Yeor)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?   21D. TIME OF INJURY (APPROX.)   22L. I certify that (#) (this hospital) ottended the deceased fram	O THE DEATH BUT NOT RELATED TO TH	E healed by	xc. J. Claker	- relitu	
D 21A. ACCIDENT WAS UNDERLYING   CAUSE OF   CONTRIBUTING   CONTRIBUTING   CAUSE OF   CONTRIBUTING   CAUSE OF   C		WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES WERE FIN	DINGS CONSIDERED
O 21A. ACCIDENT WAS UNDERLYING   CAUSE OF   CONTRIBUTING   CAUSE OF   CONTRIBUTING   CAUSE OF   CAU	WAS PERFORMED	VIII O' EKATION	5/	IN CERTIFYING CAUS	ES OF DEATH?
DEATH (notify medicol exominer)  etc.]  21D. Time (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work   Not While	U 21A. ACCIDENT WAS UNDERLYING 21B	PLACE OF INJURY (e.g., in or	/	(If in Boltimore C	ity, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Work 22. I certify that (#) (this hospital) at work 22. I certify that (#) (this hospital) ottended the deceased fram 2. 19 6 to 3. 19 6 to 3. 19 6 to 41 work 22. I certify that (#) (our) opinion deoth occurred on the ond house and from the couses stated above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE 23B. DATE SIGNED 3. Attending Med. Director Phys. 23B. DATE SIGNED 3. Attending Phys. 23D. ADDRESS NAME (Typ) 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) IS Burial 3 4 65 Cedar Hill Brooklyn, A. A. Co. Md. 25A. DATE REC'D BY HEALTH DEFT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	OR CONTRIBUTING CAUSE OF hom	e, form, foctory, street, office	bldg., INJURY OCCUR?		
While At Work  22. I certify that (#) (this hospital) attended the deceased fram  19 to 3 - 19 that #) (our) opinion death occurred on the ond house and from the couses stated above. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Typ)  SIGMUND A. AMITIN, M.D.  23D. Address  NAME (Typ)  SIGMUND A. AMITIN, M.D.  23D. ADDRESS  NAME (Typ)  SIGMUND A. AMITIN, M.D.  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION (City, town, or county)  IS  BURIAL  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS	U		015 146		
22. I certify that (#) (this hospital) ottended the deceased fram 2 19 5 to 3 19 6 to	S OF INSORT		ZIF, HOW DID INJU	RT OCCUR?	
thot ## (we) lost sow the deceosed olive on	(APPPOY)				
thot ## (we) lost sow the deceosed olive on	22. I certify that ( (this hospital) attended t	he deceosed fram	2-11	66 10	3-/ 106
ond how and from the couses stoted above. (1) (We) (did) (dld not) view the body after death.  23A. SIGNATURE  M.D. Attending Med. Stoff Phys. 3 -/-6.  23C. PHYSICIANS NAME (Type)  SIGMUND A. AMITIN, M.D. South Balto. Gen. Hosp 1213 Light St.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) IS  Burial 3 4 65  Cedar Hill Brooklyn, A. A. Co. Md.  25A. DATE REC'D BY HEALTH DEFT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		1			on death assured as at
23A, SIGNATURE  23A, SIGNATURE  M.D. Attending Med. Director Stoff Phys. 23B, DATE SIGNED  23C. PHYSICIANS NAME (Typy)  SIGMUND A. AMITIN, M.D. South Balto. Gen. Hosp 1213 Light St.  24A. BURIAL CREMATION, 24B. DATE  24A. BURIAL CREMATION, 24B. DATE  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  BURIAL 3 4 65  Cedar Hill Brooklyn, A. A. Co. Md.  25A. DATE REC'D BY HEALTH DEFT. 25B. NAME OF REGISTRAR DATE STORY DIRECTOR ADDRESS				i in (my) (our) opinii	on death accoursed on th
Attending Med. Director Phys. 3-/-6.  23C. PHYSICIANS NAME (Type)  SIGMUND A. AMITIN, M.D. South Balto. Gen. Hosp 1213 Light St.  24A. BURIAL CREMATION, REMOVAL (Specify)  Burial 3 4 65  Cedar Hill Brooklyn, A. A. Co. Md.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		/ (πe) (did) (did not) view	the body after death.		
23C.PHYSICIANS NAME (Typ)  SIGMUND A. AMITIN, M.D.  23D. ADDRESS  SIGMUND A. AMITIN, M.D.  South Balto. Gen. Hosp 1213 Light St.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY  Burial  3 4 65  Cedar Hill  Brooklyn, A. A. Co. Md.  25A. DATE REC'D BY HEALTH DEFT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS		-	o — M-4 —		
23C. PHYSICIANS NAME (Type)  SIGMUND A. AMITIN, M.D.  23D. ADDRESS  M.D. South Balto. Gen. Hosp 1213 Light St.  24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  3 4 65  Cedar Hill  Export Day Health Dept.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS  ADDRESS  23D. ADDRESS  ADDRESS  ADDRESS  ADDRESS  A. A. Co. Md.	Sugming, min		Director	hy s.	3-1-6
SIGMUND A. AMITIN, M.D. M.D. South Balto. Gen. Hosp 1213 Light St.  24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY or CREMATORY   24D. LOCATION (City, town, or county)   15  Burial   3 4 65   Cedar Hill   Brooklyn, A. A. Co. Md.  25A. DATE REC'D BY HEALTH DEFT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS	23C.PHYSICIANS	23 D.			
24A. BURIAL CREMATION, REMOVAL (Specify)  Burial 3 4 65  Cedar Hill Brooklyn, A. A. Co. Md.  25A. DATE REC'D BY HEALTH DEFT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS	9	M D M.D. G	outh Relto Co	n Hoen - 1	273 Tright C+
Burial 3 4 65 Cedar Hill Brooklyn, A. A. Co. Md.  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	REMOVAL (Specify)				
THE RESERVE OF THE STATE OF THE				oklyn, A. A.	
MAK & 1300 Ulover C. Tours 130 E. Fort Ave.	- 0 1005 0 0	THE CONTRACT ON MAN			
	MIAK & 1303 Ulobert	C, Total	THE AUTTA	130 E.	Fort Ave.



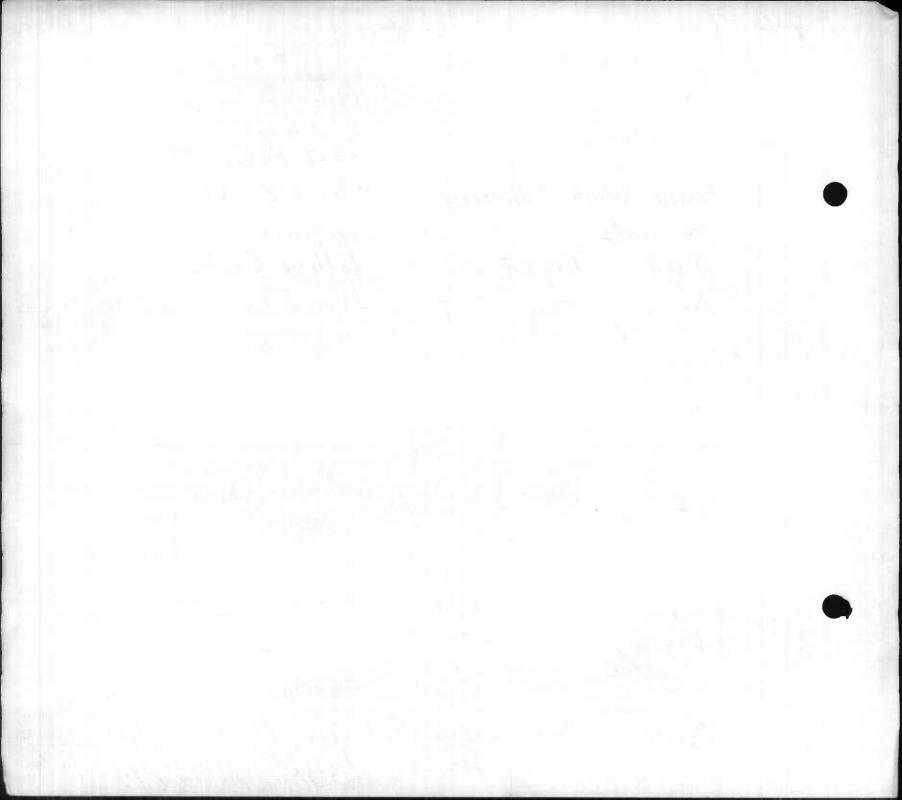
Registered No. CERTIFICATE OF DEATH BIRTH NO. gup death Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) E A.M hospital of death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4, USUAL RESIDENCE (Where deceased lived, If ance B. COUNTY (5) cause (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) OR TOWN INSTITUTION cause; attend 8 Ë prior (If rurol, give location) contributing occurred Undetermined regular is mad 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED deceased WIDOWED, DIVORCED (specify) lost birthdoy) 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) or final disposition death = 0 Was 14. MOTHERS MAIDEN NAME the 13. FATHER'S NAME direct (4) death no 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) (If yes, give wor or dates of service) kind; 6. SOCIAL 17. INFORMANT SECURITY NO. attendance 0) any CAUSE OF DEATH who pronounced Also, DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not meon the mode of dying, e.g., regular heart failure, osthenia, etc. It means the disease, examiner. injury or complication which caused death.) ANTECEDENT CAUSES must be obtained before the remains are 4 DISEASES OR CONDITIONS, if any, giving (3) tise to the obove couse (A) stoting the 2 physician UNDERLYING CONDITION lost. the chief medical ospital (except where the physicia death); and (6) No physician was medical burns; ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (2) Body 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED 26-65 RESPIRATORY CLISTRESS 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Ü to the hospital MEDICAL DEATH (notify medical examined) etc. any nature; must be approved by 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 19 65 to 22. I certify that (2) (this hospital) attended the deceased from ... 2-28-45 65 that ( (we) lost saw the deceased alive on hospital ond hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. was released accident 23A. SIGNATURE Herding -Med. Director Stoff 0 written approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS deceased prior certificate A at An M.D. Vs: (1) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION he body REMOVAL (Specify) shows: em CIS 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25G FUNERAL DIRECTOR

BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

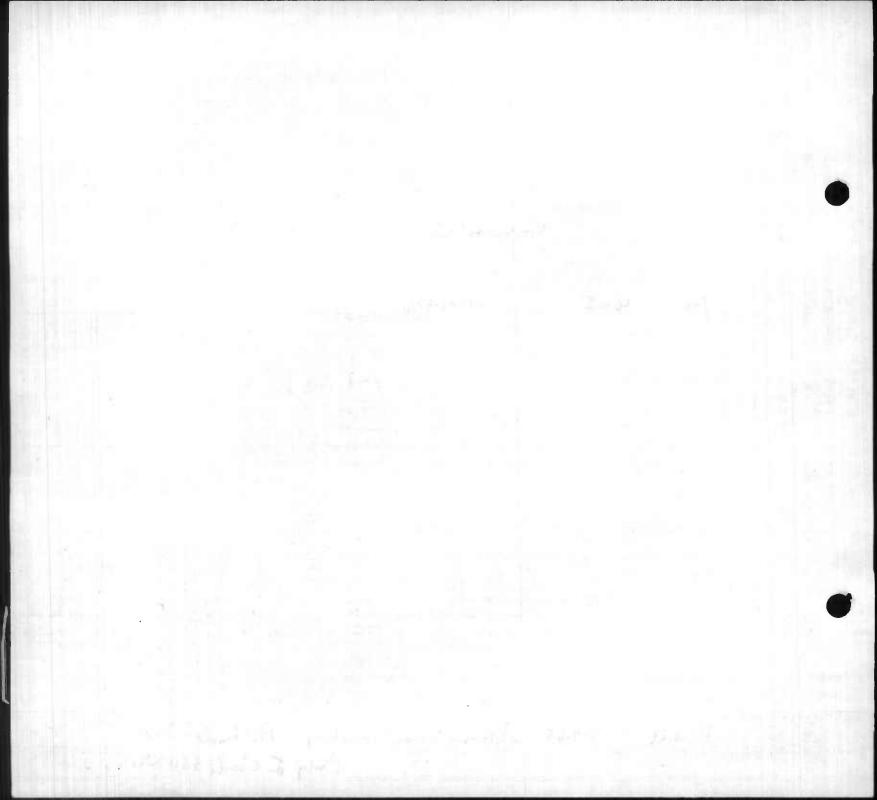
(If outside city limits, write RURAL and give township) tf Under 1 Yr. Months: Doys tf Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 19 6 5 ond that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED (Stote) ADDRESS



	65 2265	BALTIMORE CITY	HEALTH DEPARTMENT	(	E 000F		
	H NO. 65 2265	CERTIFICA	TE OF DEATH	Registered Na	5 2265		
1. N (Typ	AME OF DECEASED DE PRINTIPO DE LA CE OF DEATH IN BALTIMORE, MARYLAND	win Harr	15 Feb		Tion Am.		
-	FULL NAME OF (If not in hospital or institution)  OSPITAL OR oddress or location)  NSTITUTION	on, give street	Ma Valore	side city limits, write RURA	L ord give township)		
6	lnion Memorial	Hospital		rurol, give locotion			
1		WED, DIVORCED (specify) OF BUSINESS OR INDUSTRY	8-23-99	lost birthdoyi Mo	Under 1 Yr. II Under 24 Hrs. nths: Doys Hours Min.		
	eduring most of working life, even it retired) ethned Clerk FATHER'S NAME	xwater Coe	May & and	de C	what country?		
15.	Wes Let Harris	1 6. SOCIAL	Sally.	Zepp	ADDRESS		
(Yes	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	214 40 5061	Mir (Har	vis	Same		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	rebralth	rombosis	INTERVAL BETWEEN ONSET AND DEATH		
	(This does not mean the made of dying, of heart failure, asthenia, etc. It means the discrinius or camplication which caused death.)  ANTECEDENT CAUSES		ertensive Av	teriosclero	tic		
	DISEASES OR CONDITIONS, if any, giverse to the above cause (A) stating UNDERLYING CONDITION last.		Pardio vas	cular dise	ose 15 year		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING Notified 1	redical Expensed by M	DoLeire			
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? Ves or No	N CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?		
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, or etc.)	n or ocour 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore City	, give exact lacotion)		
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At  Not While  At Work	e	URY OCCUR?	1		
	22. I certify that (I) (this hospital) attended the deceased from Feb 2 (e.g. 19 (5 to Feb 2) 19 (65, that (I) (we) last saw the deceased alive an Feb 27, 19 (65 and that in (my) (see) apinion death accurred an the date						
	and hour and from the causes stated above 23A. SIGNATURE  Charles File	tele M.D. Atte	ending Med. S. Director	Stolf Phys. 238	DATE SIGNED Seb-27 1965		
240	23C. PHYSICIAM'S NAME (Type)  CHARLES L. FLECCHEI  BURIAL CREMATION, 124B, DATE 1246		Union Memo	rial Hos	pital		
1	REMOVAL (Specify)  REMOVAL (Spec	Beckleys ville (	emetery Becometers	Kleysville, B	ADDRESS		
V.5	MAR 2 1965 R.C.s	ub E. tarberma	Burges / Fun	explosione 36	31 FALISTEL		
3	13V=NE V+ 17 17 03		121, 1 / / / / / / / / / / / / / / / / / /	11/1/1/1/1/1/			

VS 150-REV. 1/1/65

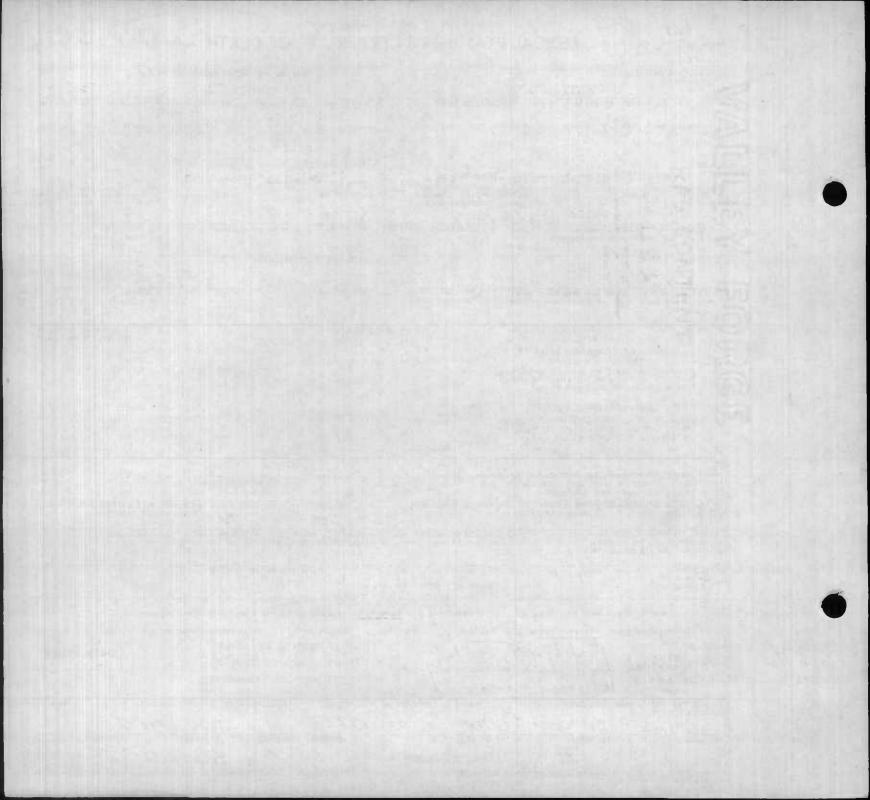
ı		BALTIMORE CITY	HEALTH DEPARTMENT	0	C 0000				
1	BIRTH NO. 65 2266	CERTIFICAT	TE OF DEATH	Registered No. 6	0 2266				
	M.E. CASE NO.  1. NAME OF DECEASED	1:		D HOUR OF DEATH					
	(Type or Print) KLEINER. AU	GUST Helolo	1ph 2-28-65 15-55pm.						
	3. PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (Where		on: residence before odmission)				
ľ	FULL NAME OF (If not in hospital or institu	tion, give street	maryla	nel	7-01				
	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)							
	10 11/2 V/1		Batting	re 5					
-	Church Home X lks	Spital	D. STREET ADDRESS (If rurol, give location)						
ı	5. SEX   6. RACE   7. MAR	RIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr., If Under 24 Hr						
	711 W WID.	MALL (specify)	8-21-91	ost birthdoy) 7 2 Mor	nths Doys Hours Min.				
	10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country) 12.	CITIZEN OF WHAT COUNTRY2				
	done during most of working life, even if retired)  Machin hist	tue to Con	marulas	al l	U. 5-A.				
	13. FATHER'S NAME	1 Cary	14. MOTHER'S MAIDEN NAM	1E	2				
	Adolph Klein	er	Barba	u Fir	et				
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of sen	1 6. SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS				
	Tes WWI	215-03-3738	sushie Klei	nev 506	N. Streeper St				
	18.4.20, / 1	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY	1 - 11	+ 4	. 1 1.00					
	LEADING TO DEATH (This does not meen the made of dying,	e.g., DUE TO	a myseara	ial Infance	in - 8 hours				
	heart foilure, osthenia, etc. If means the dis injury ar complication which coused death.)	ease, A.Y.	oscleratio Ca	1: 110.0	0.				
	ANTECEDENT CAUSES	(B) Cruci	screwat la	was vous cur	· Ouserse.				
	DISEASES OR CONDITIONS, if any, g	DUE TO iving							
	rise fa the abave cause (A) slating	the (C)	0000 0000 0000 0000 000 000 000 000 00						
	Z	UTING		4 2 2 2 4					
	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	120 A ALLZOBEV2 (Von ex Noll	200 IE VEC MERE EINIDI	NCC CONFIDENCE				
	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	OF DEATH?				
	U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in		(If in Baltimore City.	, give exact location)				
1	OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	home, form, foctory, street, offi	ice bidg., INJURY OCCUR!						
1	O 21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?					
	OF INJURY (APPROX.)	While At Not While At Work							
	22. I certify that (I) (this haspital) attend	22. I certify that (I) (this haspital) attended the deceased fram 2-28-659 to 19							
	that (I) (we) last saw the deceased alive	death accurred an the date							
	and haur and from the causes stated aba-	A A A A							
	23A. SIGNATURE	DATE SIGNED							
	Cum /c. pari	M.D. Atten	Med. Director	Stoff Phy s.	2-28-65				
	23C. PHYSICIAN'S NAME (Type)	2 0 2 0	3D. ADDRESS	1/200	tal - Bulp. 31, mg				
	CESAR KO	BARISD, M.D.	Church Ho	me crospi.	100 - 1300(1.31, M)				
	24A. BURIAL CREMATION, 24B. DATE 2.	C. NAME OF CEMETERY OF CREA	MATORY 24D. LO	CATION (City, to	wn, or county) (Stote)				
	DURIAL 3-4-65	Daltmon Mational	Cometony 12	altmore M	0.				
	2SA. DATE REC'D BY HEALTH DEPT. 2SB. NA MAR 2 1965	A STARBUMA	2SC. FUNERAL DIRECTOR	Con 1211 C	hasara Ave				
1	AND LUCI W HAM	and C' donners	The same	Cassa Ia	100				



B.	6	20
10		

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND YOUR PRONOUNCED DEAD (Type or Print) February 27, 1965 EMMETT BROOKS 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give location) 2202 Maryland Avenue Union Memorial Hospital If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 5. SEX WIDOWED, DIVORCED (specify) male white MEUER MAR 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Bronchopneumonia DUE TO (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)... CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CENTENING CAUSES OF DEATH? WAS PERFORMED Yes 21B. PLACE OF INJURY (e.g., in or obout of the place of t MEDICAL A EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED (Dov) (Yeor) OF INJURY (APPROX.) m. WHILE AT NOT WHILE 22. Autapsy X I certify that I held an Inquiry Inspection ond that an this basis, death in my apinian resulted from: Notweal causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 2-28-65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Rudiger Breitenecker NAME (Type) 23A. BURIAL CREMATION, 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) MEADOW KIDGE 24A. DATE REC'D BY HEALTH DEPT. 24C. FUNERAL DIRECTOR

VS 151-REV. 1/1/65



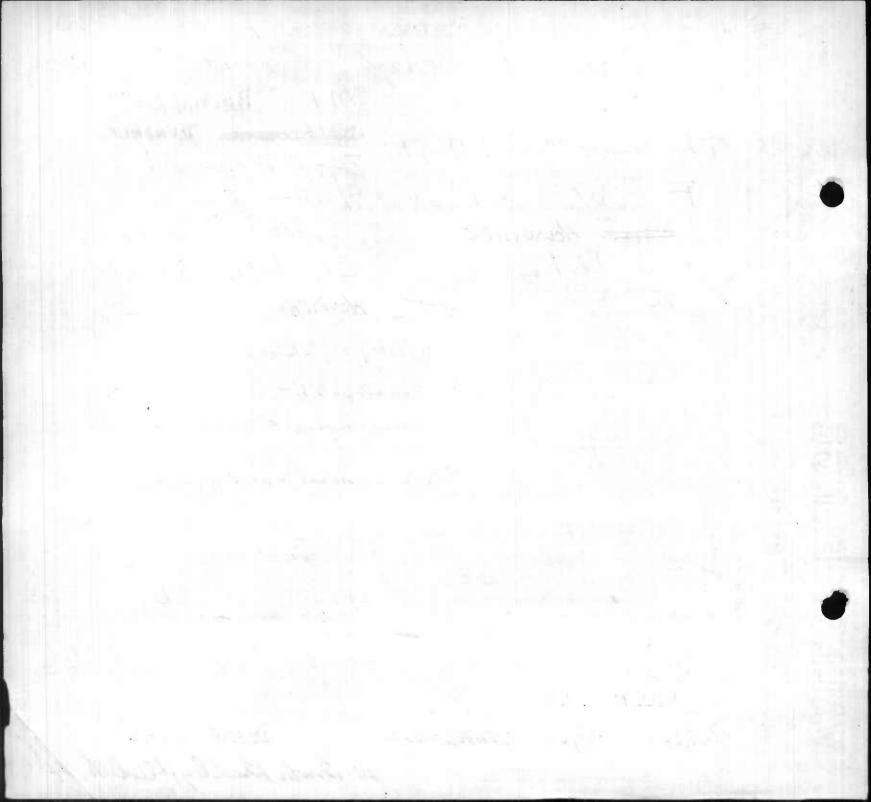
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) Afracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, Such written approved must be obtained before the remains are embalmed or final disposition is made.

	н но. 65	2268		TE OF DEATH Register	red No. 65 2268				
1 N	CASE NO.	NDERSON,	HAZEL IREN	E 27 Feb - GJ					
3. 1	LACE OF DEA	TH IN BALTIMORE, MAI	MLAND	A. STATE B. COUNTY	ved. It institution; residence before odmission)				
H	FULL NAME OF HOSPITAL OR NSTITUTION	f (If not in hospital of oddress or location	or institution, give street )	C. CITY OR TOWN (If outside city limits, write RURAL and give township)  BUNDALK  D. STREET ADDRESS (If rural, give location)  802   Charles mont Rd					
0	hivers	ity Hospi	tal						
5. \$	EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In ye lost birthdoy)	eors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
		PATION (Give kind of work rorking life, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
13.	House C	uite NE		14. MOTHERS MAIDEN NAME	US A				
15.	harle Was Deceased	LOGUE Ever in U. S. Armed Ford	2   1 6. SOCIAL	Enda White	ADDRESS				
(Ye	NO	tlf yes, give wor or dote	217202760	Husband					
	1B. DISEAS	OX I	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH				
	(This does no	LEADING TO DEATH of meon the mode of osthenio, etc. 11 meons	dying, e.g., DUE TO	tastatic Ca					
	injury or com								
	rise to the	R CONDITIONS, if a obove couse (A) CONDITION lost.							
ATION	TO THE DE	II FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING I	TED TO THE						
CERTIFICA	19A. DATE OF	OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
Ar.	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	nor obout 21C. WHERE DID (If in fice bldg., INJURY OCCUR?	Boltimore City, give exact location)				
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	While At Not While	21F. HOW DID INJURY OCCURS	?				
	22. I certify that (I) (this hospital) attended the deceased from Reh 19 to Feb 27 1965.								
		last saw the decease fram the causes stat	ed abave. (1) (W/s) (did) (did nat) v		art) apinian death accurred an the date				
	23A. SIGNATU	re a. M	M.D. Atte	nding Med. Stoff. Phys.	238 DATE SIGNED				
244	230 PHYSICIAL NAME (Ty	N'S (Ppe) (SSE, A. Mar		23D. ADDRESS	14				
244	REMOVAL (S	AATION, 248. DATE	24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION	(City, town, or county) (State)				
25A	BURIAI	BY HEALTH DEPT.	1965 OAK LAWN	BALEDO BALEDO	Oley ADDRESS				
VS	150-REV. 1/1/6	5 1960 C	blat E. Markey M.	W. BROOKS BRADLE	Y, DINDALK, MD.				

HERONIA OF THE SECTION OF THE SECTIO ma Belliners Baltimore University Holy Pal BOR CHENTERMENT 160 10/27/cs 39 F W Honewitz West Us. Charles Loque Ends White Harbon & Metastatic Ca. Brown Co. DOF 64 × Us 1 379 c 2

FUNERAL DIRECTOR: IMPORTANT	7.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death as shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	if death occurred in a hospital and ect or contributing cause of death (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	was in regular attendance on the the deceased prior to death. Such position is made.

		BALTIMORE CITY	HEALTH DEPARTMENT		OF	0000
M.1	TH NO. 65 2269	CERTIFICA	TE OF DEATH	Registered No	b3.	2269
(Ту;	PLACE OF DEATH IN BALTIMORE, MARYLAND	3. Rodas	14. USUAL RESIDENCE (Wha	28 he deceased lived. If ins	Silution: reside	1:00 a M.
	FULL NAME OF (If not in hospital or instituti HOSPITAL OR address or location) NSTITUTION	ion, give street	A. STATE J. B. COUN	BALTIMON BALTIMON	URAL ond giv	ve township)
7	he Union Memor	ial Hospital	D. STREET ADDRESS III	rurol, give locotion)	DACK	53-00
5. 5	F W WIDO	NED, NEVER MARRIED WED, DIVORCED (specify)	5/3/82	9. AGE (In years lost birthdoy)	If Under 1 Months Do	ys Hours Min.
don	N. USUAL OCCUPATION (Give kind of work 108, KIND to during most of working life, even if retired)		11. BIRTHPLACE (Stote or fore		12. CITIZEN WHAT	SA SA
	Jacob Betz		Elizabe	the Schi	roed	er
(Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of servi		HOSPITAL		AU	DKE22
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the made of dying,	CAUSE O	tiple pylmona	ry intercts	Da	ERVAL BETWEEN SET AND DEATH
	heart failure, astheria, etc. II means the dise injury or camplication which caused death.)  ANTECEDENT CAUSES	ose,	ubophlo ditis	<u></u>	Der	Y 5
	DISEASES OR CONDITIONS, if any, given is a the obave cause (A) stating UNDERLYING CONDITION last.	ring the (c) Adam	o carcinoma of	transverse colo	n Mo.	nths
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING Metastatic	- carcinoma to m	esostory, liver, la	ings /	Months
ERTIFIC	19A. DATE OF OPERATION   19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 208, 1F YES, WERE F	INDINGS CO	
CAL CE	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give ex	roct locotion)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED  While At Not While Work  Not Work	21F. HOW DID IN	JURY OCCUR?		
	22. I certify that (f) (this hospital) attended that (f) (we) last saw the deceased alive	212 1	1 1-	19 65 ta 2/	ian death a	19 65
	and haur and fram the causes stated abov 23A/SIGNATURE  23C.PHYSICIAN'S NAME (Type)	Long M.D. Atte	ending Med.	Stoff Phy s.	23B. DATE 8	1GNED / 2865
24/	WILLIAM B. LONG  A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CRE	10.		y, town, of co	ounty) (State)
25/	URIAL 5/6/65 V	WENDOWRIDGE ME OFFICE STRANGENIA	25C. FUNERAL DIRECTO	BILL.	Co. S.	ADDRESS S
VS	150-REV. 1/1/65	and the second s	A. Inhall	The state of the	14-600	70/1



Such

death.

prior

attendance 0

regular

or contributing

IMPORTANT FUNERAL DIRECTOR: This certificate must be approved by the chief medical examiner or his assistant if death occurred

(3) A fracture of

examiner.

the body was released to the hospital by shows: (1) An accident of any nature;

was D.O.A. at a hospital

written approval must be obtained before the remains are embalmed or final disposition is made.

deceased prior to death); and (6) No physician was in regular

-	6-			BALTIMORE CITY	HEALTH DEPARTMEN							
M.	TH NO. E. CASE NO.	5 2270		CERTIFICA	TE OF DEAT		65 2270					
	pe or Print)	tilda Poorn	nan			bruary 27,1						
3.	PLACE OF DEA	TH IN BALTIMORS ALA	RYLAND		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE  B. COUNTY  Many and  C. CITY OR TOWN (If outside city limits, write RURAL and give township)							
	FULL NAME OF	F (If not in hospital oddress or location	or institution, give st	reet								
	SINAI H	OSPITAL			D. STREET ADDRESS 2827	(If rural, give location)  HEMLOCK	AVE					
5.	SEX Female	6. RACE	7. MARRIED, NEVE WIDOWED, DIV	ORCED (specify)	B. DATE OF BIRTH  /2-6-22	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.					
107	USUAL OCCU	PATION (Give kind of work vorking life, even if retired)					12. CITIZEN OF WHAT COUNTRY?					
13.	FATHER'S NAM				14. MOTHER'S MAIDER		U.S.A.					
15. (Ye	Wos Deceosed	Ever in U. S. Armed Fore	ces? 16. So s of service)	OCIAL ECURITY NO.	17. INFORMANT	550	ADDRESS					
	1B. , — /		072	-12-0255 CAUSE O	MR. GEORGE 1	M. POORMAN	SAME INTERVAL BETWEEN					
	DISEAS  (This does n heart loilure, injury or com	E OR CONDITION DIR LEADING TO DEATH of mean the made of asthenia, etc. If means plication which coused ANTECEDENT CAUSES R CONDITIONS, if	dying, e.g., the discose, deoth.)	(A) Preu	monia with	septicemia oma of cervi	ONSET AND DEATH					
	rise lo lhe	obove couse (A) CONDITION loss.		(C)								
ATION	TO THE DI	II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO THE									
ERTIFIC	19 A. DATE OF	OPERATION 198. CON WAS PERF	DITION FOR WHICH	OPERATION	20 A. AUTOPSY? (Yes	or No. 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?					
CAL CE	OR CONTRIBU	TING CAUSE OF medical examiner	21B. PLAC home, formetc.)	E OF INJURY (e.g., i m, foctory, street, o	n or about 21C. WHERE (ffice bldg., INJURY OCC	DID (If in Bolin	more City, give exact location)					
MEDI	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21 E, INJU While At Work	RY OCCURRED  Not While All Work	le 🗂	D INJURY OCCUR?						
	22. I certify	that (1) (this hospital	) attended the de	ceased from Fe		19 65 to Pe	truary 27 19 65					

ond	hour	ond	from	the	couses	stated	above.	(1)	( <del>Wo</del> )	(did)	(did not)	view	the	body	ofter	deat
224	SICNI	ATLIB	c					_	-	-						

Harry	M.	Charlat	_
HANY 23C. PHYSICIANS NAME (Type)	1	. 8	_

Attending Phys.

Med. Director Stoff Phy s.

23B, DATE SIGNED

23D. ADDRESS

(City, town, or county)

24A. BURIAL CREMATION, 24B. DATE

PARKWOOD CEMETERY

258. NAME OF REGISTERAR

PARKWOOD CEMETERY

ADDRESS

3/3/65 DEPT. 1965

25C. FUNERAL DIRECTOR

LEONARD LEONARD J. RUCK, INC., BALTO., MD.

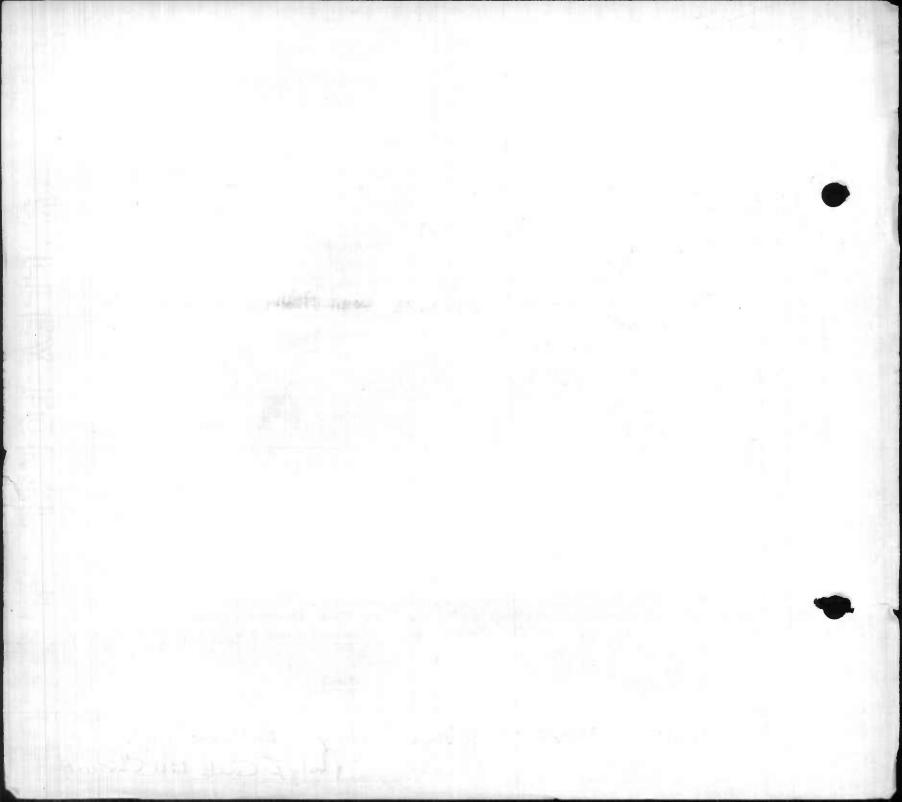
VS 150-REV. 1/1/65

Parale White more Present a so the approximation Metastatic Commence I comme RELIGIOUS DE PRESENTE SE Harry Ill mine Harry M. Sailate Since Hayers & Billion

of death Deceased Suc a hospital a uo eath. ance (2) cause (4) Undetermined cause; attend 0 prior contributing occurred in regular is mad deceased disposition death 0 Was the direct or his assistant if LO death or final attendance any who pronounced Also, embalmed fracture of regular are 3 \_\_ where the physician must be obtained before the remains chief medical medical burns; ospital (except where the physicia death); and (6) No physician was (2) Body 0 the the hospital any nature; approved by 40 of hospital the body was released shows: (1) An accident was D.O.A. at a hospire eceased prior to approval certificate

written

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Edwin B. Mylin (Type or Print) Mr. Feb. 27, 1965 4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before A. STATE , B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Md. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or (ocotion) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Mercy Hosp Ventuor levrace 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) If Under 1 Yr. Months: Doys If Under 24 His. 5. SEX Hours WIDOWED, DIVORCED (specify) White 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pennsylvaniz U.S. H. Steelworker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Macatee Margaret 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMAN ADDRESS 6. SOCIAL SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, 23 rise to the obove cause (A) stating the UNDERLYING CONDITION IOSI. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) DEATH (notily medical examiner) MEDIC 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 27 Lebrusry February 27 19 22. I certify that \$17 (this haspital) attended the deceased fram. 19 65 ta February 27 19 65 that (we) last saw the deceased alive an... and that in (aur) opinian death occurred an the date and have and from the causes stated abave. (1) (He) (did) (did not) view the bady after deoth. 23 B. DATE SIGNED Attending Stoff M.D. Med. Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Mercy Hosp. Richard M.D. 24A. BURIAL CREMATION. 248 DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FURERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



44 255 255

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

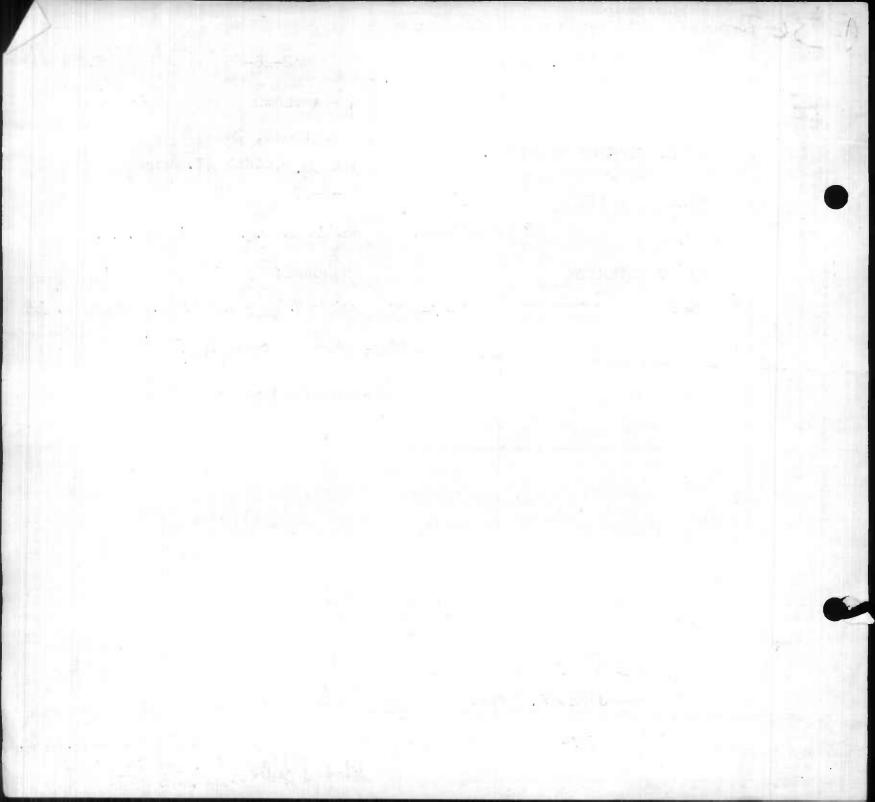
BALTIMORE CITY HEALTH DEPARTMENT

Registered	No.	65	2272
		-00	1-1-16

BIRTH NO.	65 2272		CERTIFICA	TE OF DEATH	Registered No.	65 2272
1, NAME OF DEC	HARRY A.	PETER	SON	2-26	ND HOUR OF DEATH 5–65	5,15 A
3. PLACE OF DE	EATH IN BALTIMORE, MAI	RYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If i	institution: residence before admission)
FULL NAME ( HDSPITAL OR INSTITUTION		or institution,	give street	MARYLAND		RURAL ond give township)
				BALTIMORE,	24 rutol, give location)	•
JOHNS	HOPKINS HOS	SPITAL	•	050	CKER XX. A	vonijo
5. SEX	6. RACE		, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In yeors lost bighday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
MALE	WHITE	MA	RRIED	11-6-07	57	
		10B. KIND OI	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore		12. CITIZEN OF WHAT COUNTRY?
Cler		BED	Railroad.	Washington D.	.(.	U.S.A.
13. FATHER'S NA						
HARRY	PETERSON d Ever in U. S. Armed Force	es?	1 6. SOCIAL	MARGARET	Smith	ADDRESS
Tes, no or unknow	(Il yes, give wor or dotes	s of service)	SECURITY NO.		40	
YES	o V		219-01-3035 CAUSE OF	Cecilia H. Per	cerson 914	INTERVAL BETWEEN
1 3	ASE OR CONDITION DIR	ECTLY	14	1 11.		ONSET AND DEATH
	LEADING TO DEATH		(A) Me	tastatic c	arcinomo	a
heort foilure,	not meon the mode of	the diseose,	000			
injuly or col	ANTECEDENT CAUSES	Je0111.1	(B) ad	enocarcinoma	- of Kidi	ney 5 years
DISEASES	OR CONDITIONS, if	ony, givina				0
rise to th	he obove couse (A)					OK 4 1111-0-0-16 41 11 10 10 10 10 10 10 10 10 10 10 10 10
	[]					
TO THE DISEASE DE	NIFICANT CONDITIONS CO DEATH BUT NOT RELA R CONDITION CAUSING IT	TED TO TH				
		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF fy medical examines	21E hon etc.	ne, form, foctory, street, of	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(II in Boltimo	re City, give exoct locotion)
21D. TIME	(Month) (Doy) (Yeor)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPRDX)		WH	nile At Not While			
22. I certify	y that—(4) (this hospital)		the deceased from	1-6-65	19ta	2.26-65 19
that (4) (we	a) last saw the decease	d alive on.	2.26.65	19and th	ot In(my) (aur) op	inian death occurred an the date
		ed abave. (	1) (12) (did) (did noi) v	riew the bady after death.		
23A. NGNAT	URE of of		M.D. Atte	ending Med.	Stoff 🔀	23B. DATE SIGNED
23 C. PAYSICI	mes 1. Tr	ies	Phy		Phys.	2.26.65
NAME (	(Type)	. FRI		Johns Hen	Kus 11	sostal
24A. BURIAL CRI	EMATION, 248. DATE		AME of CEMETERY or CRE	MATORY 240. L	OCATION (C	City/town, or county) (State)
Buria	1	11	oly Rosany Cen	730	1 German Hi	11 Rd Rald 22 MI
	D BY HEALTH DEPT.	25B. NAME		netety SUNERAL PHECTOR	R	ADDRESS 22, IIId.
	COSI & NAM	Makel	LC' Acrossim	160 L. D. V. J. O.	. 701 3. (0	onkling Street

VS 150-REV. 1/1/65

(onkling Street Nd. 21224 Charles S. Jeller



and

hospital

cause of death

uo

ance

attend

regular

2

as

eath LO

pronounce attend

who

physician

where

(except

he body was released

An accident

0

D.O.A. shows: (1)

Was

eath.

0

prior

deceased

the

ance

0

regu

Was

physician

å

9

and

eath) oto hospital

O

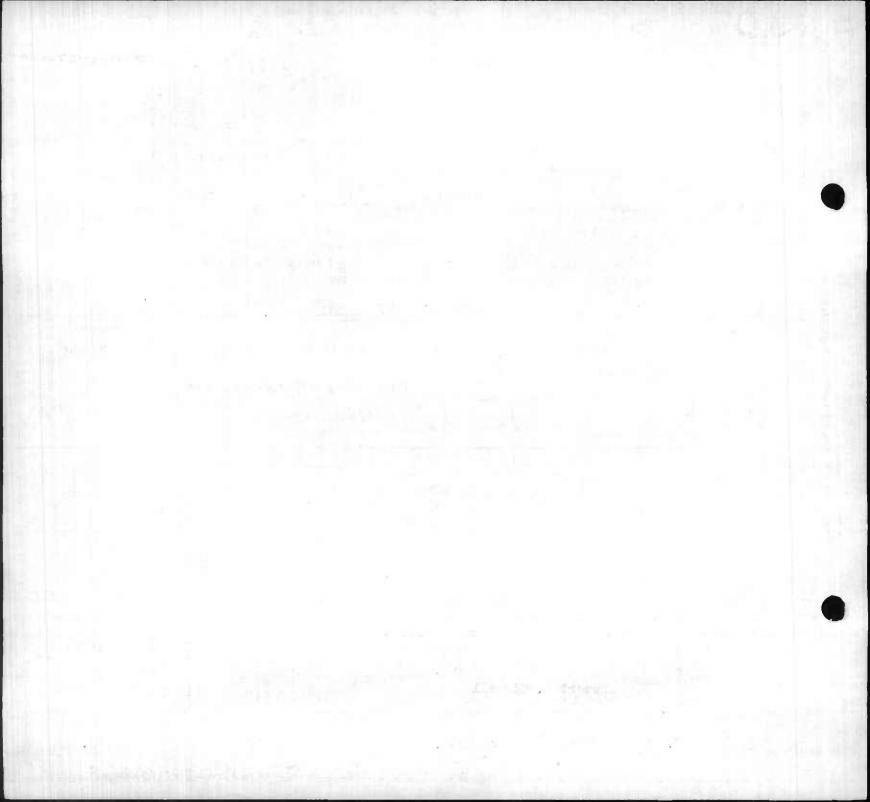
0

prior 10

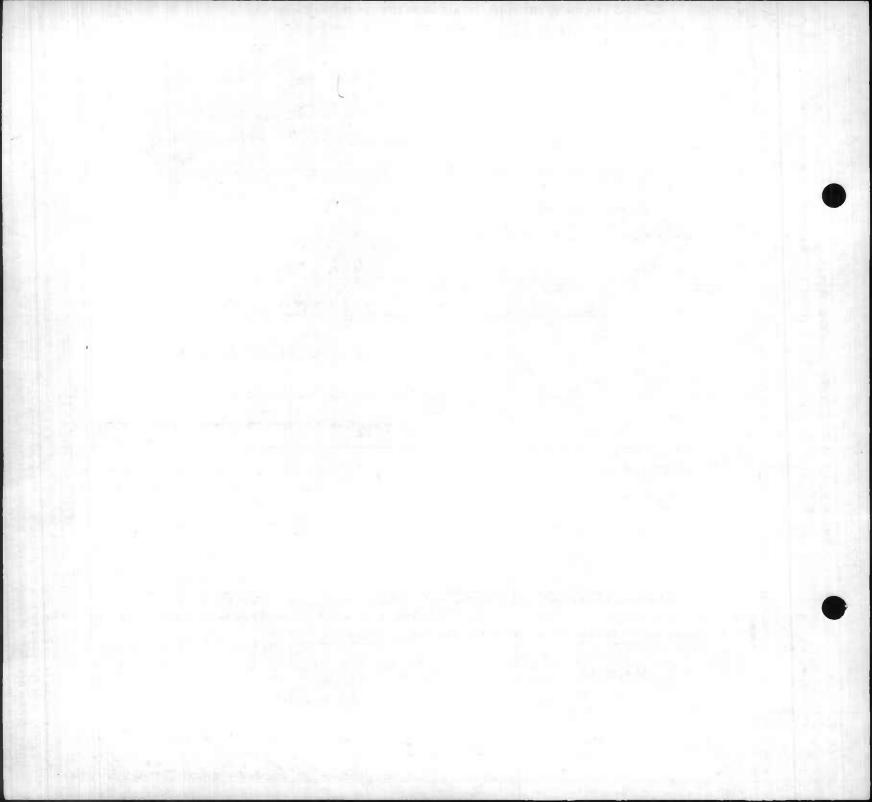
eceased

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MARGARET BARRETT ESTELLET 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission)
A. STATE
B. COUNTY MD FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION KINGS D. STREET ADDRESS University Hospital MT. VISTA RD made 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 6. RACE 9. AGE (In years If Under 1 Yr. Months; Doys 5. SEX If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoyl MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LARMOUR FHMA WILLIG 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (III yes, give wor or dotes of service) SECURITY NO Mt. No 542 Vista Road Mr William E Barrett INTERVAL BETWEEN 9 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the remains UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED DIAGNOSIS before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDIC be obtained 21 D. TIME 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on and that In(my) (our) opinion death occurred on the date and hour and from the cause's stated above. (1) ( (did) ( ( view the body after death. 23A. SIGNALURE 23 B. DATE SIGNED Attending Phys. Med. Director L approval 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY of CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specily) Meth Cemetery Fork 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR



	35-5		BALTIMORE CITY	HEALTH DEPARTMENT	DR. COMMOR	CE 200m
BIRTH NO.	65 2274			TE OF DEATH	D. Registered No.	00 32274
ME CASE NO.	CEASED COLUMN				AND HOUR OF DEATH	
Type or Print)	1.1				28-65	11:10 1
PLACE OF D	ITMAN CMM			4. USUAL RESIDENCE (W	here deceased lived, If in	nstitution: residence before admission
TENGE OF D				A. STATE B. CO	UNTY	r Can S
FULL NAME	OF (If not in hospital	ar institution, gi	ve street	Mary and	and the same of th	9-01
HOSPITAL OF	R address or lacotia	in)		4	outside city limits, write	RURAL and give tawnship)
	11 / Man.	1.1.1	1	Baltimore		
Unive	rsity of Man	yland L	10 SD144/		(If rurol, give location)	1
			V	1024W. T	ombard Str	ret
. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 h
F	W	9	DIVORCED (specify)	April 21, 1879	OST DIFFIGURE	Teleman S Day's Hoors
OA, USUAL OC	CUPATION (Give kind of wor			11. BIRTHPLACE (State or fo	areign country)	12. CITIZEN OF
one during most	of working life, even if retired)		1 0	Maryland		WHAT COUNTRY?
140	asework	al,	Houle			4514
3. FATHER'S N.	AME			14. MOTHER'S MAIDEN N	IAME	
Unki	newn			Unknown		
5. Was Deceas	ed Ever in U. S. Armed Fo	rces?	6. SOCIAL	17. INFORMANT		ADDRESS
res, no ar unkna	wn) (If yes, give war ar dot	es of service)	SECURITY NO.	Sister-Ada	Inhacas	Same address
					Jourson	
18. 4 0	0.11		CAUSE O	F DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION DI		0			001
-	LEADING TO DEATH		(A) 1-16	ute Myocard	ial Intarction	n 22 days
	not meen the mode of e, osthenio, etc. If meens		DUE TO			
	omplication which coused		111	marked to Bu	Warner la A	1/2015
100	ANTECEDENT CAUSES	S	(B) SYTA	roscherotic Car	WIWASCH MY D.	isuse years
DISEASES	OR CONDITIONS, if	ony, giving	00210	1	•(1.11	10.
rise lo	the obove couse (A)		(C)	775 77 74 M	97119 6414 169	THE STATION A
UNDERLYI	NG CONDITION lost.			0		
-	II					
OTHER SIG	DEATH BUT NOT REL		Slidin	- Highal Hen	pla Ditableadi	2 Unknown
DISEASE C	R CONDITION CAUSING	IT.				V -
19A. DATE		NDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE	117.5			NO		
U 21 A. ACCIE	BUTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., i	n or obout 21 C, WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
DEATH (not	lify medical examiner	etc.)	, tonn, locidity, sheet, o	mee blogs, majori occor.		
0 21 D. TIME	(Manth) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED	21 F. HOW DID I	NILLEY OCCUP?	
S OF INJURY	(Wallin) (Bay) (Feat)		e At Not Whi		NAJORI OCCOR:	
(APPROX)		Wark				
22. I certi	fy that N (this hospita	l) attended th	e deceased from	- 6	1965 to 2	-28 1965
	e) last saw the deceas	the second	7.20	19 65 and		nian death accurred on the
						Inian death accurred on the
		oted above. N	(we) (did) (did nat)	view the body after deat	h.	
23A. SIGNA	TURE / /	20.1				23B. DATE SIGNED
12.1	Selment 1.	LeexT	M.D. Att	ending Med. Director	Staff Phys.	2.28-65
23C. PHYSIC	IANS	, , , , , , , , , , , , , , , , , , ,		23D. ADDRESS		
NAME	Danie I	1001	M.D.	11 nicocity	Hamilal	
14.1	sernard of	EET		WINVERS 19	ושונעטדי	
REMOVAL	REMATION, 248. DATE	24C. NA	ME of CEMETERY or CR	EMATORY 24D	LOCATION (C	ity, tawn, ar caunty) (State
Buria	C 3/3/6	5 Lon	mene Park	Cem. V.	Voodelaron	- md.
SA. DATE REC	D BY HEALTH DEPT.	258. NAME O	FREGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS -
	MAR 2 1965	12.0 - F	E tarber M.A.	W. M. Mel	2	9. 79/11
'S 150-REV. 1/	1111 77 -	MAGAN		Jam J. G	ewan then	me Holling
/3 130-KEV. 1/	1703			// //		25 1116



BALTIMORE CITY HEALTH DEPARTMENT

shows: (1) eceased the body decease Was VS 150-REV. 1/1/65

lived. If institution: residence before admission (If outside city limits, write RURAL If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? M.N. Unknown INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in tay) (aur) apinian death accurred an the date 23B, DATE SIGNED ADDRESS FUNERAL DIRECTOR

directory of the second of the

.T STIEVETS.

•

121

36 (8) 35 (4)

199

The State of State of

7 56 5 98 8

AND DESCRIPTION OF THE PARTY OF

## FUNERAL DIRECTOR: IMPORTANT by the chief medical examiner or his assistant if dec

medical

0

by

to the hospital

the body

of death

COUSe

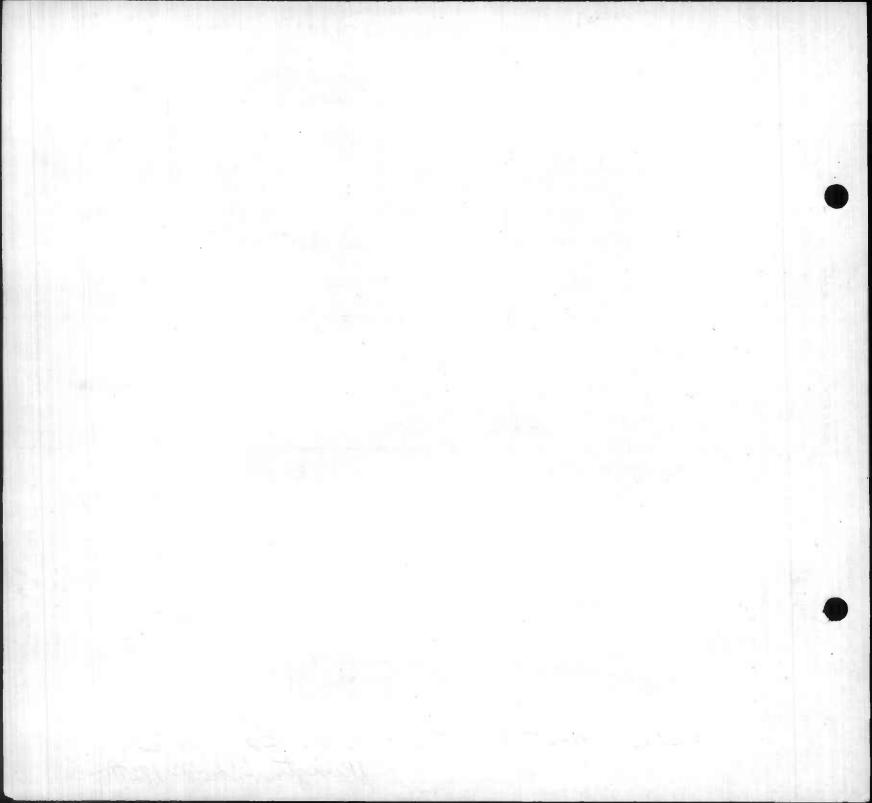
contributing

direct

0

hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered No. RTIFICATE OF DEATH Such Deceased M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo Both. 4. USUAL RESIDENCE (Where deceased 3. PLACE OF DEATH IN BALTIMORE lived. If institution: residence before admission) ance B. COUNTY cause; (5) MASKERM FULL NAME OF Ilf not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION BALTIMAE prior D. STREET ADDRESS (If rural, give location) Undetermined is made. regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In veors If Under 1 Yr. If Under 24 Hrs. eceased WIDOWED. DIVORCED (specify) lost birthday) Months Doys Hours 10 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) 54 HOUSE WIE 13. FATHER'S NAME 14. MOTHER'S MAIDEN the 4 death O kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. ottendance UNK any CAUSE OF DEATH INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY empolmed LEADING TO DEATH fracture (This does not mean the made al dying, e.g., heart failure, asthenia, etc. It means the disease, regulor injury or camplication which caused death.) ERIOSCLEROSIS ANTECEDENT CAUSES who ore DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the physician UNDERLYING CONDITION Inst. obtoined before the remoins physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 1198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 0 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where ŝ MEDICAL DEATH (notify medical examiner) nature; 21 D. TIME 21 F. HOW DID INJURY OCCUR? (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 9 OF INJURY (except While At Not While (APPROX) At Work and any 22. I certify that (I) (this hospital) attended the deceased from 100-4 1964 that (1) (we) last sow the deceased alive on 7- -7-5 - 65 19 and that in (my) (our) opinion death occurred on the date of death) hospital and hour ond from the couses stated above. (1) (We) (did) (did not) view the body after death. must occident 23A. SIGNATUR 23 B. DATE SIGNED Attending Stoff Phys. Med. M.D. 9 Phys. Director \_ written approval O 23C. PHYSICIAN'S 23D. ADDRESS prior ŧ NAME (Type M.D. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY or CREMATORY eceased 24D. LOCATION (City, town, or county) o REMOVAL (Specify) shows: OS NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT FUNERAL DIRECTOR Ō VS 150-REV. 1/1/65



Such

prior to

attendance on the death.

				BALTIMORE CITY	HEALTH DEPARTMENT		CIE	()())
BIR	TH NO. 65	5 2277		CERTIFICA	TE OF DEATH	Registered No	65	2277
M.I	E CASE NO.			CERTIFICA				
	Pe or Print)	Hattie	Jone	S		AND HOUR OF DEATH	17.	30 A. N
3.	PLACE OF DEA	TH IN BALTIMORE, MARY	LAND		4. USUAL RESIDENCE (W	here deceased lived. If	institution: reside	nce before admission)
	FULL NAME O	F (If not in hospital ar oddress or location)	institution,	give street	Maryland  C. CITY OR TOWN (III	outside city limits, write	/3-	04
	INSTITUTION				Baltimore		KOKAL and giv	e lawnship;
		2002 Demissed	A			(If rural, give location)		,
		2902 Parkwood	Aveun	18				
-		1272		ALEXCED AND DELET	2902 Parkwo		11/11/11/11	( ) ( ) ( ) ( ) ( )
5. 3	SEX	6. RACE 7.		, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doy	fr. If Under 24 Hrs.
1	emale	Col.		.dow	June 3,1898	66		
		JPATION (Give kind of work )	B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN	OF COUNTRY?
		working life, even if retired)  e wife			Georgia		- Willai	300HHA1.
13.	FATHER'S NAM				14. MOTHER'S MAIDEN N	AME		
	Arth	ur Phelhp			Nasius Ro	oyal		
15.	Was Deceased	Ever in U. S. Armed Force	s?	1 6. SOCIAL	17. INFORMANT		AD	DRESS
(Ye	s, no or unknown	(If yes, give war or dates	of service)	SECURITY NO.	A7 T 24	000 P1	A	
				218-09-8093		902 Parkwood		
	18. 4 4	2 X I		CAUSE 9	DEATH	1		ERVAL BETWEEN
	DISEAS	SE OR CONDITION DIRE	CTLY	11	20 h A L	Lulino		
		LEADING TO DEATH		(A) / C	) macry	rounce		-y (
		not mean the mode of d osthenio, etc. It means th			11/-/1			
		aplication which caused d		The	notorial	Lastonal	Tolerot	<b>D</b> ^
		ANTECEDENT CAUSES		DUE TO	1000 vone	70 1007		
	DISEASES C	OR CONDITIONS, if on	y, giving		Metranula	- Marial	diana	*,
	rise to the	e obove couse (A) s		(C)	ay oraco	/ www	urea	
	UNDERLYING	G CONDITION lost.					1 15 11 )	
_		II -						
O	OTHER SIGNE	FICANT CONDITIONS CO	NTRIBUTIN	IG			33.73	
ATIO	DISEASE OR	CONDITION CAUSING IT.	0 10 11					
ERTIFIC	19A. DATE OF	OPERATION 198. CONDI		WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WER	FINDINGS CO AUSES OF DEA	N SI DERED
E	0							
U	21 A. ACCIDE	NT WAS UNDERLYING	210	B. PLACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltim	ore City, give ex	act locotion)
CAL	DEATH (notify	medical examiner	etc	.)				
=	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
MEDI	OF INJURY			hile At Not Whil				
	(APPROX.)		We				/	
	22. I certify	that (1) (this hospital)	attended t	the deceased from	1/11/62	19 to 2	127	1800
	that (I) (we)	last saw the deceased	alive an.	2/26/61	19ond	that in (my) (our) a	pinian death a	ccurred on the dat
	and have not	N from the course state	deabaya (	1) (WE (1:1) (1:1-1)	riew the body after deat			
	23A. SIGN AT		P	(did) (did) (	TO A THE DULY UTTER GEUT	110	23B, DAVE SI	KNED
		11 Visate	lus	M.D. Atte	ending Med.	Staff -	5/1/	
	T.	NATIO	1	Phy	s. Director	Phys.	11/8	
	23C. PHYSICIA		15/	21	23D ADDRESS	mark a	8x-13	Ax 17 He

M.D. 24C. NAME OF CEMETERY OF CREMATORY

24D. LOCATION

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial March 3,65 Carver Memorial Park Laurel, Maryland

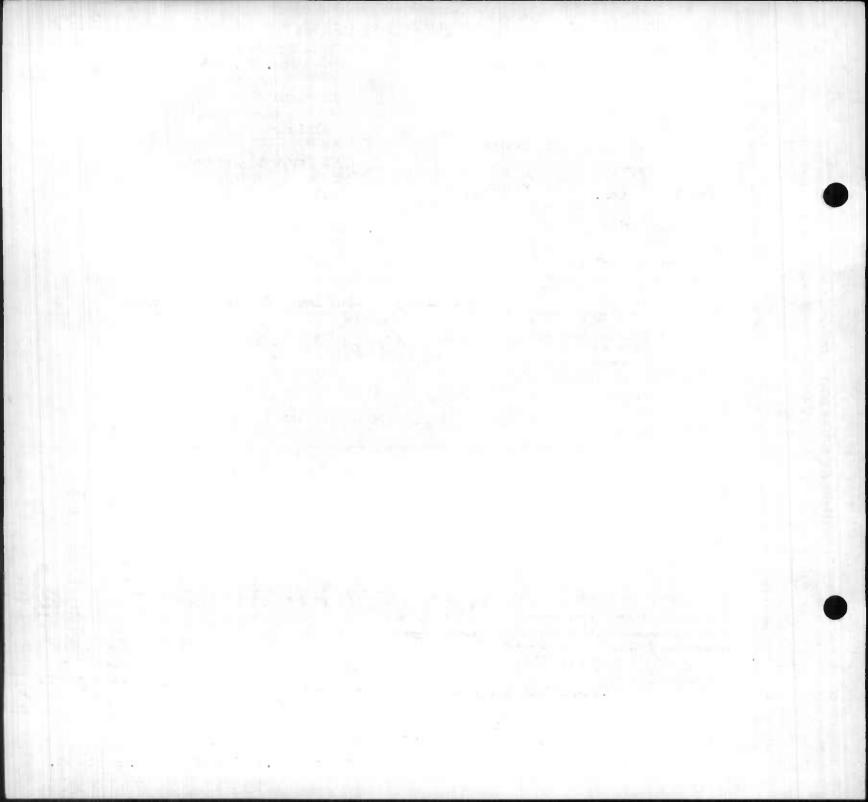
25A. DATE REC'D 87 HEALTH DEPT.

MAR 2 1965 Carver Memorial Park Laurel, Maryland

25C. FUNERAL DIRECTOR Phillips 1727 N. Monroe St.

VS 150-REV, 1/1/65

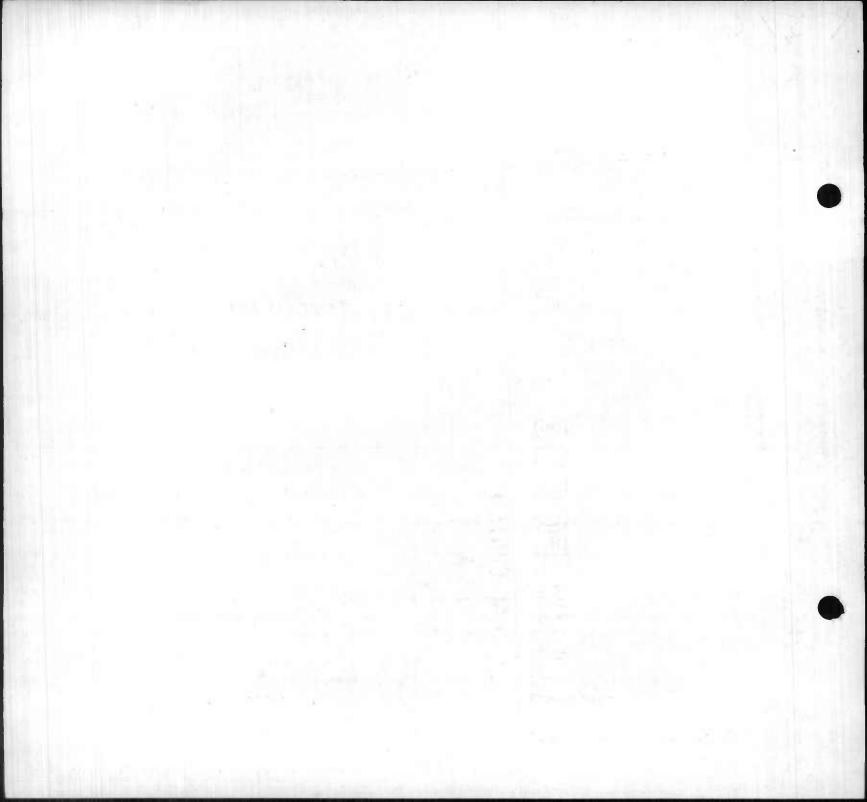
1965



	and	eath
	pital	of d
	hos	1050
1	ina	DO E
	curred	tributing
	h oc	CON
	deat	10
-	#	reci
AN	tan	p e
PRT	ISSis	f th
PO	iis c	· · · ·
2	or	AIS
FUNERAL DIRECTOR: IMPORTANT	be approved by the chief medical examiner or his assistant if death occurred in a hospital and	aminer.
RE	6	ex
AL D	edice	dical
ER/	ef m	H
Z	chi	y a
Œ	the	d la
	ed by	ospit
	rov	he h
	app	101
	be	pes
	must	elea:
	ate	I SD.
	tific	3 >
	COL	bod
	This	the

VS 150-REV. 1/1/65

	0000	BALTIMORE CIT	Y HEALTH DEPARTMENT	05
BIRTH NO.	65 2278	CERTIFICA	ATE OF DEATH Registered	10. 65 2278
1. NAME OF DI	CEASED KEMPER,	HARRY	2. DATE AND HOUR OF DEA February 27, 1	
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY Maryland	If institution: residence bafare admission)
HOSPITAL O	OF (If not in hospital anddrass or location	or institution, give street n)		rita RURAL and give township)
St.	Joseph's Hospi	tal	D. STREET ADDRESS (II rurol, give locotion 2549 Asquith Street	
Male	6. RACE White	7. MARRIED, NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH August 8, 190 3 of	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
lane during mast	CUPATION (Give kind of work of working life, even if relired) OCCTY Store	108. KIND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (State or foreign country)  Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N	AME		14. MOTHER'S MAIDEN NAME	
5. Was Deceas Yes, no grunkna	ad Ever in U. S. Armad For wn) (If yes, giva war ar dala WAR IL	16, SOCIAL SECURITY NO.	17. INFORMANT HOSPT CHART	ADDRESS
1B. A DISE	ASE OF CONDITION DIF	CAUSE (		INTERVAL BETWEEN ONSET AND DEATH
rise IO UNDERLYI	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) NG CONDITION lost.  II NIFICANT CONDITIONS C DEATH BUT NOT RELA	ony, giving sloling the (C)		
DISEASE O	R CONDITION CAUSING I OF OPERATION 198, CON WAS PER	DITION FOR WHICH OPERATION	NO N	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTR	ENT WAS UNDERLYING DENTING CAUSE OF	21B. PLACE OF INJURY (e.g., hama, farm, foctory, street, etc.)	in ar about 21 C. WHERE DID (If in Ball affice bldg., INJURY OCCUR?	imora City, giva exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Haur) 21E. INJURY OCCURRED  While At	21F. HOW DID INJURY OCCUR?	
that (I) (w	e) last saw the decease	l) attended the deceased from February 27 and alive on February 27 ated above. (I) (We) (did) (did not)		bruary 27 19 65 apinion death occurred on the day
23A. SIGNA	TURE ALL	lause M.D. AI	tending Med. Staff Phys.	February 27, 196
23C. PHYSIC	(Typo) Salvador	Marse M.D	23D. ADDRESS 1400 N. Caroline St.	21213
BURIAL C	3/1/196		Balto.	(City, tawn, ar caunty) (State)
ZSA. DATE KEC	MAR 2 1965	Robert E. Farkey M.A.	SYLUAN S-LEWIS +SON	-3319 OLYMPIA AJE



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospitalizand of the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the was in regular attendance on the was in the contribution. deceased prior to death. Such the was D.O.A. at a hospital (except where the physician who pronounced death deceased prior to death); and (6) No physician was in regular attendance on written approval must be obtained before the remains are emhalmed or final di FUNERAL DIRECTOR:

IMPORTANT

* '	Baby Bo	y Giddiens-Janover	2. DATE A	1-10-1965	7:00R
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street oddiess or location)  INSTITUTION  Baltimore City Hospitals,  4940 Eastern Avenue,			A. USUAL RESIDENCE (Wh. A. STATE B. COUL Maryland C. CITY OR TOWN. (IF of	ere deceosed lived. If in NTY	nstitution: residence before odmission
			Baltimore	rurol, give location)	KUKAL ona give township)
	Baltimore, M	aryland	2548 Frances S	Street, 21217	7
Male	6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) Single	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	It Under 1 Yi. It Under 24 Hrs Months Doys Hours Min. 2 40
	UPATION (Give kind of work working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	Maryland	eign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NA	ME		14. MOTHERS MAIDEN NA	ME	
	John Hil		Janover Gide	diens	
Yes, no or unknown	Ever in U. S. Armed For	s of service) 16. SOCIAL SECURITY NO.	Records: BCH-49	940 Eastern	Avenue
(This does heart foilure, injury or con	SE OR CONDITION DIR LEADING TO DEATH not meen the mode of osthenio, etc. It meens application which coused	dying, e.g., the disease, death.)	spiratory Failus	re	1 hour
DISEASES (	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost.	DUE TO			
DISEASES OF THE SIGN TO THE DISEASE OF THE DISEASE	OR CONDITIONS, if e obove couse (A) G CONDITION lost.  IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERI	ONTRIBUTING TO THE Weight on T.  DITION FOR WHICH OPERATION FORMED    218. PLACE OF INJURY (e.g.,	1y 470 Grams  20A. AUTOPSY? (Yes or N  Yes  10 01 0bout 21C. WHERE DID	O 20B. IF YES, WERE IN CERTIFYING CA	
DISEASES ( rise lo th UNDERLYIN  OTHER SIGN TO THE D DISEASE OR  19A. DATE OF  21 A. ACCIDE OR CONTRIB	OR CONDITIONS, if e obove couse (A) G CONDITION lost.  II IFICANT CONDITIONS C FEATH BUT NOT RELA CONDITION CAUSING I F OPERATION  19B. CON WAS PERI	ONTRIBUTING LIED TO THE Weight on T.  ONTRIBUTING LIED TO	20A. AUTOPSY? (Yes or N Yes in or obout 21C. WHERE DID thice bldg., INJURY OCCUR?	O) 20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
DISEASES ( rise to the UNDERLYING  OTHER SIGN TO THE D DISEASE OR  19A. DATE OF  OF CONTRIBINATION  21A. ACCIDE OF CONTRIBINATION  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we)	OR CONDITIONS, if e obove couse (A) G CONDITION lost.  II IFICANT CONDITIONS CO DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 19B. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF Medical exominet  (Month) (Doy) (Year)	ONTRIBUTING STEED TO THE Weight on T.  ONTRIBUTING STEED TO THE Weight on T.  OTHER WEIGHT ON TO THER WEIGHT ON TO THE W	1y 470 Grams  20A. AUTOPSY? (Yes or N Yes In or obout 21C. WHERE DID thice bldg., INJURY OCCUR?  21F. HOW DID IN  1e 10- 19 65 and t	JURY OCCUR?	USES OF DEATH?

25C. FUNERAL DIRECTOR

ADDRESS

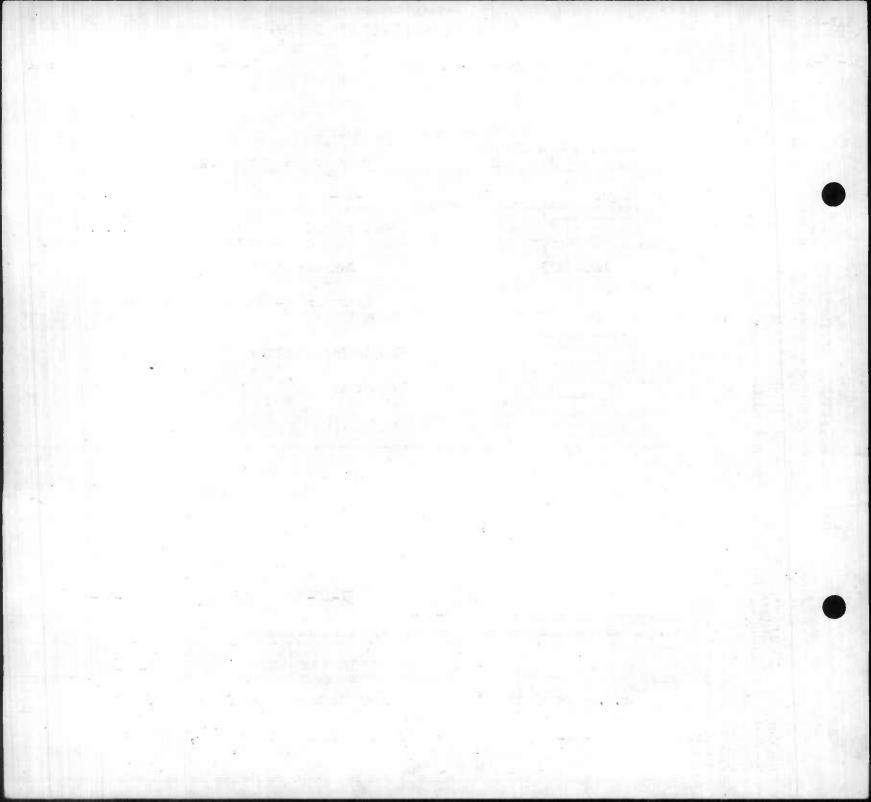
25B. NAME OF REGISTRAN

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

2

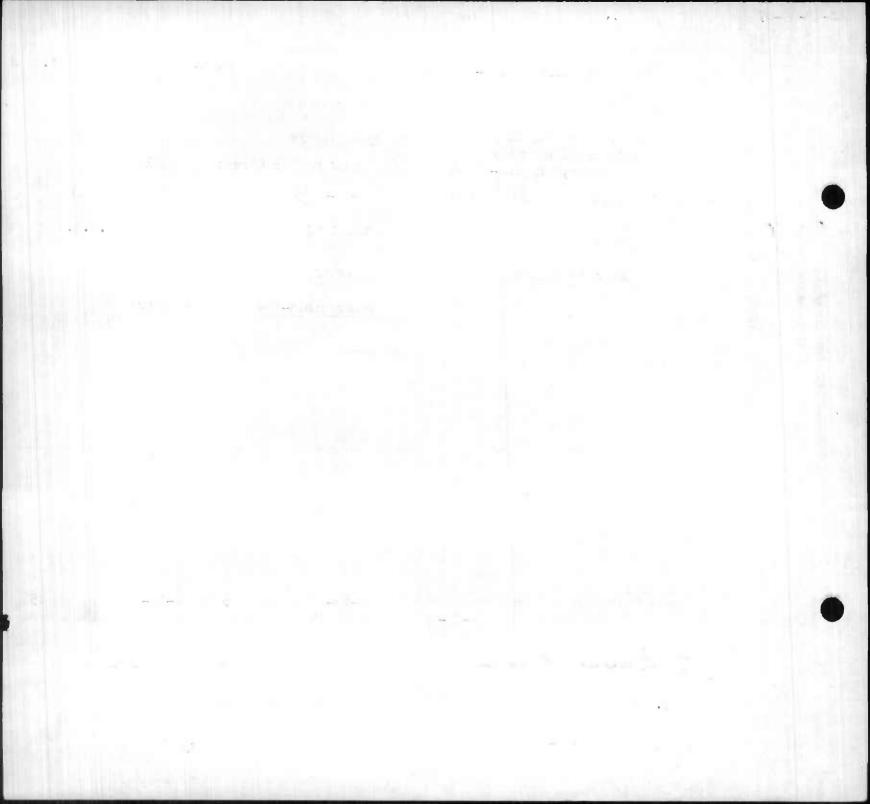
1965



15 02008 65 9	BALTIMORE CITY	HEALTH DEPARTMENT		65 2280 4
BIRTH NO. \$5-03898 65 8 M.E. CASE NO. LINAME OF DECEASED	CERTIFICA		Registered No.	00 2280 '
(Type or Print)	Tribballon	2. DATE AN	2-19-1965	1.15A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	les-Surriey	4. USUAL RESIDENCE (Where	e deceosed lived. If in	stitution: residence before admission)
FULL NAME OF (If not in haspital or institut HOSPITAL OR address or lacation)	ion, give street	Maryland C. CITY OR TOWN (If out		RURAL and give township)
Baltimore City Ho 4940 Eastern Aven		Baltimore D. STREET ADDRESS (IF	rural, give location)	1217
5. SEX Baltimore, Mary Mar	d_21224 RIED, NEVER MARRIED	B. DATE OF BIRTH	Greet 4.  9. AGE (In years	II Under 1 Yr If Under 24 Hrs.
WiDo	owed, DIVORCED (specify)		lost birthdoy)	Months Doys Hows Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
Leonard Welles		Shirley		
15. Wes Deceesed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		Records: BCH-4940	Eastern Av	renu <b>e</b>
18. 276 X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
(This does not mean the mode of dying,	e.g., DUE TO	aturity		10.00,000,000,000,000,000,000,000,000,00
hearl failure, asthenio, etc. It means the disc injury or complication which coused deoth.)	ease,			
ANTECEDENT CAUSES	(B)	######################################	T T T T T T T T T T T T T T T T T T T	
DISEASES OR CONDITIONS, if any, gi				
rise to the obave cause (A) stating UNDERLYING CONDITION last.	the (C)			
II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
WAS PERFORMED	FOR WHICH OPERATION	No No	10 CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B, PLACE OF INJURY (e.g., inhome, laim, factory, street, of etc.)		(If in Boltimore	e City, give exact location)
OF INJURY (APPROX.)  (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED  While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this hospital) attend	led the deceased from	2-19-	19 65 to 2-	19 19 65
that (I) (we) last saw the deceased alive				
and haur and from the causes stated above	ve. (1) (We) (did) (dld nat) v	view the bady after death.		
23A. SIGNATURE				23B. DATE SIGNED
5. Wagne Kee	M.D. Atte	ending Med. Director	Stoff Phys.	2-19-1965
23C. PHYSICIAN'S NAME (Type)		ADAO Footom A	TONILA	
Dr.S Wayne Klein 24A. BURIAL CREMATION, 24B. DATE 24	M.D.	4940 Eastern A		ity, town, or countyt (Statet
REMOVAL (Specily)				
Cremated 2-23-1965	Baltimore City	Hospitals Ba	ltimore, Mar	yland
MAR 2 1965 R.C.	SE. Jankey M.A			

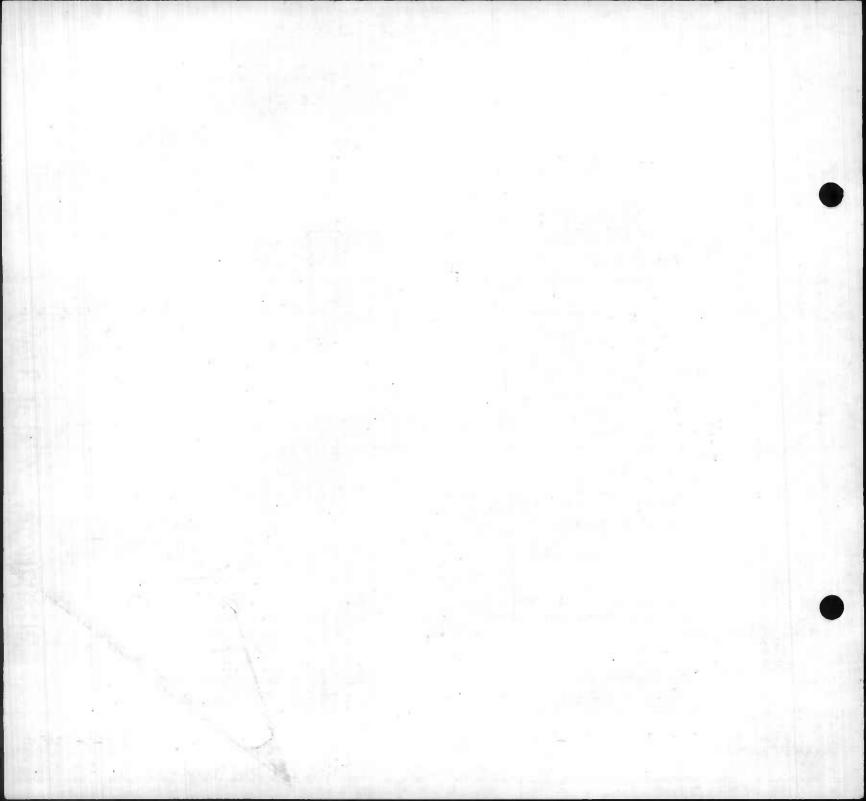
VS 150-REV. 1/1/65

Cremated
25A. DATE REC'D BY HEALTH
MAR 2



RGB

BIRTH NO. 65 2281		Y HEALTH DEPARTMENT	stered No. 65 2281
M.E. CASE NO.  I. NAME OF DECEASED  Type or Print)  PIETRO I		2. Date and Hour Feb. 26	OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND or Institution, give street	4. USUAL RESIDENCE (Where decease B. COUNTY ITALY	and lived. If institution: residence before admis
US Public Health Serv Wyman Pk. Drive & 31s		Genova  D. STREET ADDRESS (If rural, give via Leonzio 49)	12-06
S. SEX 6. RACE W	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Married	8. DATE OF BIRTH  5/14/00  9. AGE (Illust birthd)	64 Months Doys Hours M
10A. USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired)  Chief Engineer	Seafarer	Italy	12. CITIZEN OF WHAT COUNTRY?  Italy
Joseph Pian		Gertruda Querini	
15. Was Deceased Ever in U. S. Armed For Yes, no or unknown) (11 yes, give war ar date NO	res? 16. SOCIAL SECURITY NO. NONE	Records- US PHS	Hospital, Balto, 11, M
DISEASE OR CONDITION DIE	RECTLY	DF DEATH te peritonitis	At Least
(This does not mean the made of heart failure, asthenia, etc. It means injury or complication which caused ANTECEDENT CAUSES	dying, e.g., DUE TO the disease, deoth.)	estinal obstruction	14 days At least 22 days
DISEASES OR CONDITIONS, il rise to the obove cause (A) UNDERLYING CONDITION last.	any, giving The	arcerated ventral herr	nia Unknown
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 19A-DATE OF OPERATION 19B-CON	ATED TO THE	20 A. AUTOPSY? (Yes or No) 208, IF	YES, WERE FINDINGS CONSIDERED
19A DATE OF OPERATION 19B CON 2/12/65 VATILE 21A ACCIDENT WAS UNDERLYING	arcerated hernia	yes IN CER	TIFTING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg. INJURY OCCUR?	in in solutione city, give exact location
21D. TIME (Month) (Day) (Yeor) OF INJURY (APPROX.)	(Haur) 21E. INJURY OCCURRED  While At Not White At Work  Not Work	21F. HOW DID INJURY OCC	:UR?
	Fob 26	19 65 and that in (my	to Feb. 26 19 (
23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	Ph:	tending Med. Staff Phys. 23D. ADDRESS	238. DATE SIGNED 2/26/65
Aaron Lupovitch,  24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify)  Burial 3/30-1  25A. DATE REC'D BY HEALTH DEPT.	24C.NAME of CEMETERY of CE  25B. NAME OF REGISTRAR		Prov. of Genova-Ita



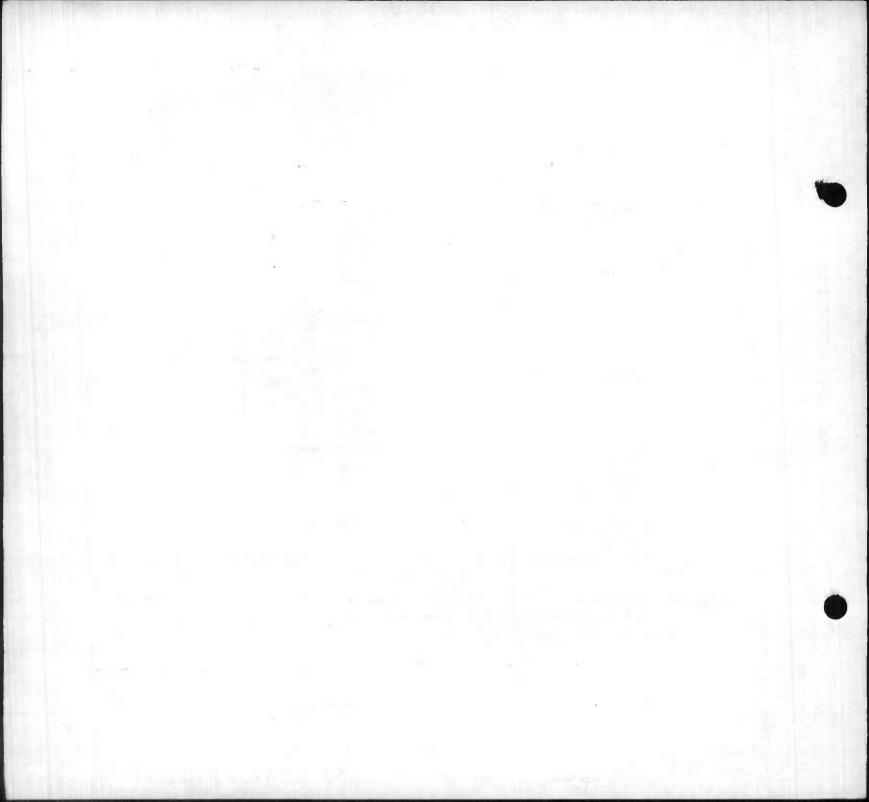
-			BALTIMORE CITY	HEALTH DEPARTMENT		OF	0000
A.E. CASE NO.	5 2282		CERTIFICA	TE OF DEATH	Registered Na	65	2882_
NAME OF DEC	DOYLE, THOM	AS ELI	MER	2-2	2-65		4:30 MP
FULL NAME O		or institution,	give street	A. STATE B. COU	2	5-3	3/
HOSPITAL OR	ST.AGNES I	HOSPITA		BALTIMORE	trurol, give location)	URAL ond give	township)
	BALTO., MD.			557 S. BEEC	HFIELD AVE	•	
MALE	6. RACE WHITE	7. MARRIED,	NEVER MARRIED	6-24-05	9. AGE (In years lost bighday)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
WATER T	working life, even if retired) ENDER	Jos.	E. SEAGREM	MARYLAND		U.S.	UNTRY?
JOHN				MARY JOH	ANNA O'KEEI	FE	
S. Was Deceased Yes, no or unknown NO	Ever in U. S. Armed For Olf yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO. 2/3-03-7856	ST.AGNES RE	CORDS, CATO	ADDR V & WIL	KENS AVE.
DISEASES ( rise In the UNDERLYING  OTHER SIGN TO THE D	ANTECEDENT CAUSES  OR CONDITIONS, if  or above cause (A)  G CONDITION last.  FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	Stoting the	G				
	OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	NO NO	O) 20 B. IF YES, WERE F	INDINGS CONS	IDERED ?
OR CONTRIBU	NT WAS UNDERLYING DING CAUSE OF medical examiner	21 B hon etc.	ne, form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exect	t locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)						
that (I) (we)	that (I) (this hospital last saw the decease	d alive an	FEBRUARY 2	LERUARY 21 22 1965 and to	hat in (my) (aur) apin	lan death acc	
23A. SIGNATI	cermen	Fra	tto M.D. Atte	ending Med.	Stoff Phys.	238. DATE SIGN	165
NAME (1	vpe)	RATTO	M.D.		SPITAL, CATO	IN & WI	LKENS AVE
AA. BURIAL CRE REMOVAL ( BURIA) 5A. DATE REC'D	2/25/63 BY HEALTH DEPT. MAR 2 1965	5 57.	PETER'S CE PETER'S CE OF REGISTRAR E. FOLKYMA	24D.  24D.	ATO, Ma	y, town, or county	ty) (Stote)  DDRESS
'S 150-REV. 1/1/	55			35/2 FRE	derick AL	18. 27	/

of the section of the section of 

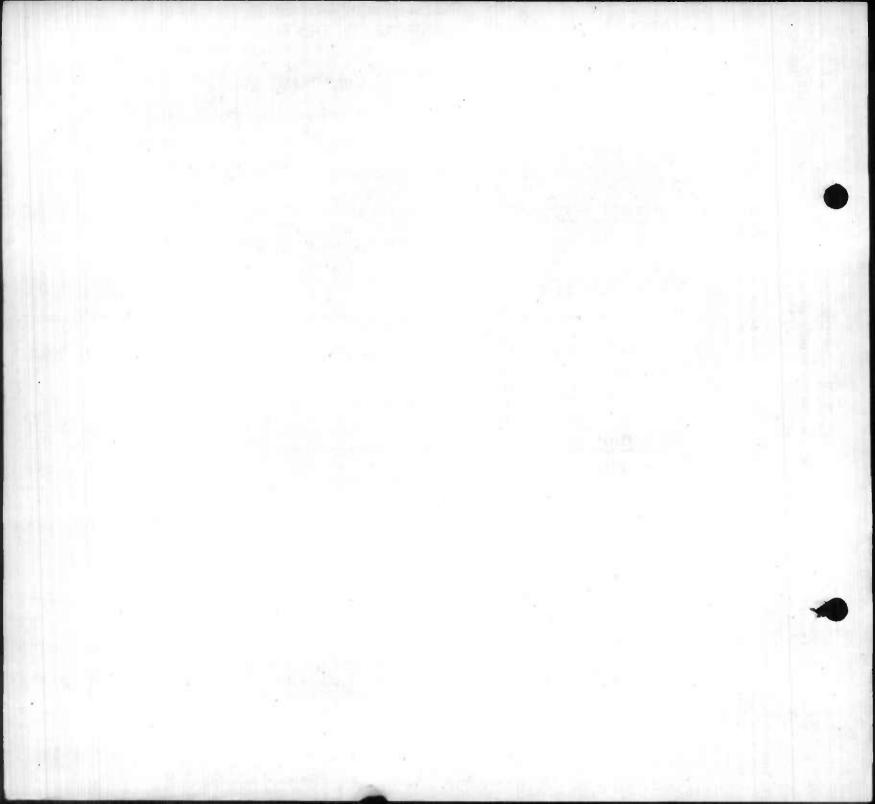
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and 🤝 IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

	111 1012 175 6	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 2283
BIRT	H NO. 64-04210 65 2	283 CERTIFICA	TE OF DEATH	Registered Na.	()0 000
	CASE NO.	02/(11/10/		D HOUR OF DEATH	
	e or Print) Baby of	Lawrence			1 12:50 2 4
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	Dawrence	4. USUAL RESIDENCE (When	e deceased lived. If in	12:50 a.m.
	ULL NAME OF (If not in hospital or institut	lan alva atrast			DA-
H	OSPITAL OR oddress or location)	ion, give sireer	Maryland c. city of town (If out	side city limits, write	RURAL and give township)
-	Provident Hospi		Baltimore		
9	1514 Division S		D. STREET ADDRESS (If	rural, give location)	
1	Baltimore, Mary		1929 E. Chas		
5. S	WIDO	HED, NEVER MARRIED WED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	emale Negro Sir USUAL OCCUPATION (Give kind of work 10 B. KIN)	OF BUSINESS OR INDUSTR	2-22-65 Y 11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
2011	dolling most of working me, even if temes,		Baltimore, M	Marvland	USA
3.	FATHER'S NAME		14. MOTHERS MAIDEN NAM	WE	
	William Lawrence		Barbara Redo	d	
5. 1	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give war ar dates al serv	cel SECURITY NO.	17. INFORMANT		ADDRESS
	18.	CALISE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	CAUSE	or DEATH		ONSET AND DEATH
	LEADING TO DEATH	(A) //.	ichine Me	n Brance	
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO	isline Me	6152	
	injury at complication which caused death.)	use,	Promoter	·+-	
	ANTECEDENT CAUSES	(B)	J. ranco		
	DISEASES OR CONDITIONS, if any, gi	ving			
	rise to the above cause (A) stating UNDERLYING CONDITION last.	lhe (C)			
	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING	534		
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION FWAS PERFORMED	OR WHICH OPERATION	Yes	1) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
EDI	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)	While At Not Wh	ile		
	22. I certify that (I) (this hospital) attend			19ta	2-23-65 19
	that (I) (we) last saw the deceased alive				nion death occurred an the date
		and the second s		or miling, lade, opi	death occorred dit the date
	and haur and fram the causes stated abav 23A. SIGNATURE	e. (.) (e) (ala) (ala har)	The body direr dedin.		23 B. DATE SIGNED
	X mall C.	Pese M.D. A	tending Med. ys. Director	Stoff Phys.	2-23-65
	23C.PHYSICIAN'S	Ph	ys. Director	rnys,A.	2-27-07
	NAME (Type) Lionel C. Rose	M.D		on Street	
24.4		C. NAME DI CEMETERY OF C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ity, town, or county) (State)
	REMOVAL (Specily)		LOTHE CA TIL	OCATION	ny was or county? Couler
25A	DATE REC'D BY HEALTH DEPT. 1258, WA	ME OF REGISTRATE HE	DICHE MEDIC	di Sciine	ADDRESS
M	IND O HOOF A - A Y	A	MARTINDA	CEDUIC	D CITO
41	MIN W 1300 ULLE TE T	Inleu M.M.	DAUMAUAN		E KCHU

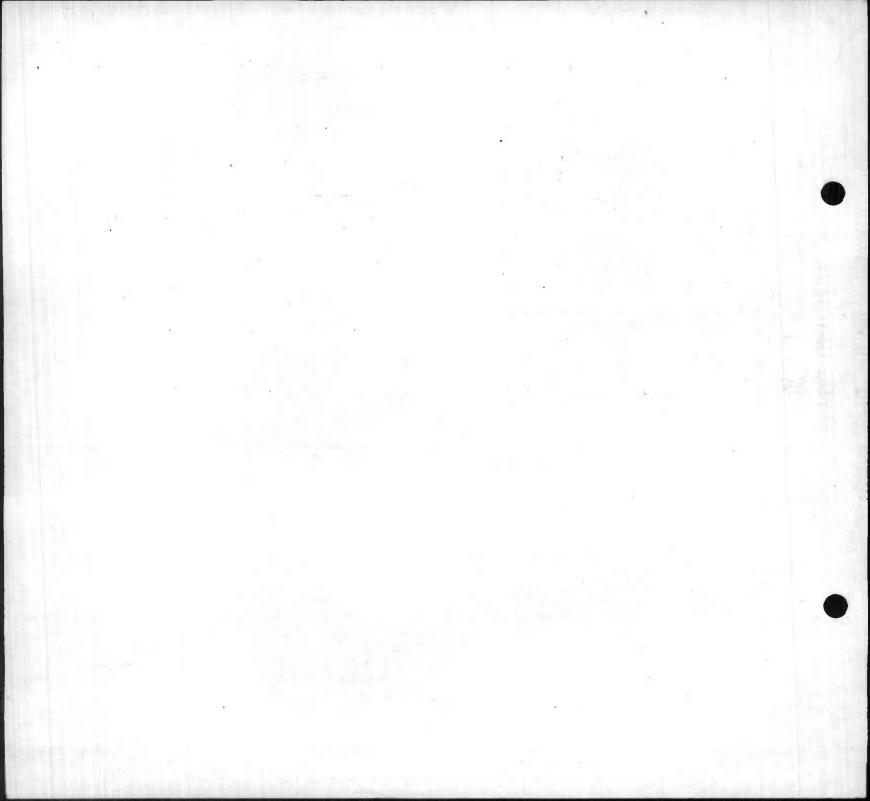


	BALTIMORE CIT	Y HEALTH DEPARTMENT	1	
BIRTH NO. 45-04489 65 22	84 CERTIFICA	TE OF DEATH	Registered Na	65 2284
I. NAME OF DECEASED	,	2. DATE AN	D HOUR OF DEATH	
(Type or Print) Baly gorl	Woodmens		4.65	17.50 Am.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	TY	stitution: residence before admission)
FULL NAME OF (If not in haspital ar institut HOSPITAL OR oddress or location)	ion, give street	C. CITY OR TOWN (If outs	Maryle Bide city limits wile B	URAL and aire awashin
INSTITUTION	11 0	Baltimor	Q.	5-2-00
Baltimore, Me	Hasp.		ural, give lacation)	r 1
5. SEX A G. RACE A T. MARI	RIED, NEVER MARRIED		1374-bro	If Under 1 Yr., If Under 24 Hrs.
FWIDO	OWED, DIVORCED (specify)	2,22,65	P. AGE/(In years ast birthday)	Months Doys Hours Min. 32 65
10A. USUAL OCCUPATION (Give kind of wark 10B. KIN done during mast of warking lile, even if retired)	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	alis	u · S. A
		0	4	
David Woodman 15, Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	Maggic	ADDRESS
(Yes, no ar unknawn) (ff yes, give war ar dotes of serv	SECURITY NO.	Parent	00	
18. 776 X I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Jan Tun	to	2 484
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dise				
injury or complication which coused death.)				
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony, gi				
UNDERLYING CONDITION losf.				
Z OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ITING Frema	hereton		
	OR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na)	208. IF YES, WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED		7	tuny)	· Kain
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21°C. WHERE DID office bldg., INJURY OCCUR?	(If in Barimore	City, give exact location)
21 D. TIME (Manth) (Doy) (Year) (Haur)	21E INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
OF INJURY (APPROX.)	White At Not Wh			
22. I certify that (1) (this hospital) attend	ed the deceosed from	10,45 AM, Fel 22.1	965 10 7.50	AM, EL 24 1965.
that (I) (we) lost sow the deceased alive				
and hour and from the couses stated above	re. (I) (We) (dld) (did not)	view the body ofter death.		
23A. SIGNATURE	M.D. A	ttending   Med.	Staff No.	23B. DATE SIGNED
23C PHYSICIAN'S	Ph	Med. Director 23 D. ADDRESS	Stafl Phys.	2,24,65
23C. PHYSICIAN'S NAME (Type)	FIAT MO			
		REMATORY 24D. LC	OCATION A MILE	y, lowe, or county) (State)
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE FEB 26 106	5			Lany
187D O 100m A		S25 WHENAU PRECTOR	REDICAL S	CHUDADDRESS
MAR 2 1965 ROLLE 3	a Cuma	MURTUAR	Y SERVIC	D DCHD
VS 150-REV. 1/1/65	/			- DOND



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

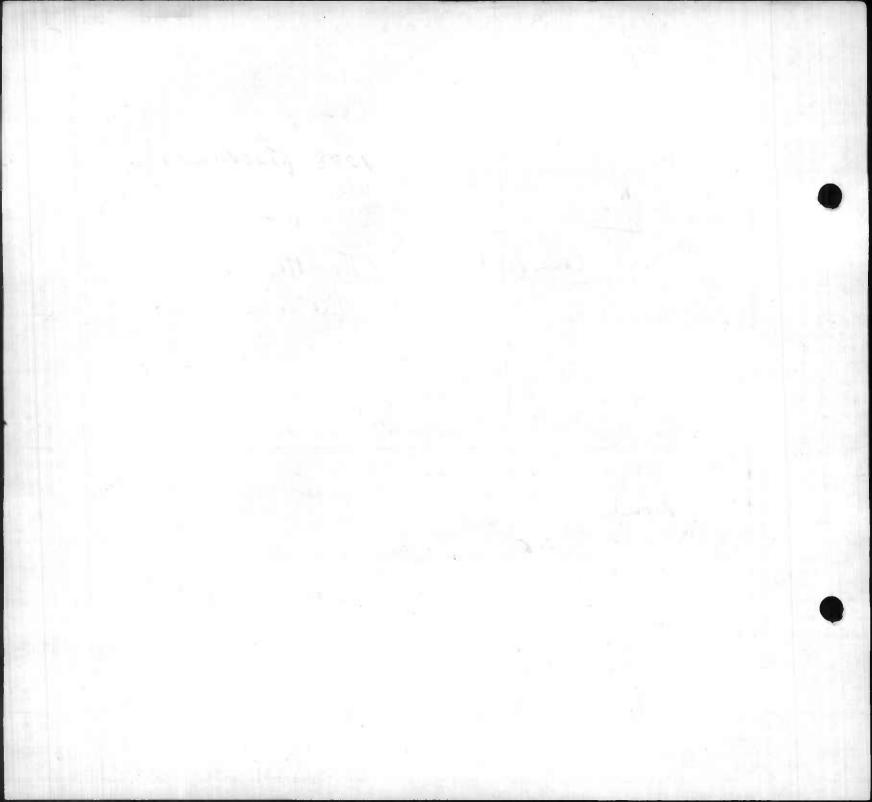
	1.5.02671	65 228	BALTIMORE CITY	HEALTH DEPARTMENT		2285 -			
BI R1	TH NO. 45-0347/ 65 ZZS BALTIMORE CITY HEALTH DEPARTMENT 2285 PALTIMORE CITY HEALTH DEPARTMENT Registered No. 2285								
1. N	Pe or Print Hope, Latanye			2. DATE AND HOUR OF DEATH 2-14-65   6:10 a. M.					
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY					
	FULL NAME OF (If not in hospitol oddress or location National OR Provident Ho	street	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)						
9	1514 Divisio	on St.		D. STREET ADDRESS (If rurol, give locotion)					
	Baltimore, Maryland			620 Pitcher St.					
	Female Negro		VORCED (specify)	2-12-65	9. AGE (In years lost birthdoy) NB	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	. USUAL OCCUPATION (Give kind of work e during most of working life, even if refired)	10B. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stole or 6 Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?			
13.	FATHERS NAME Alexander Wilson			14. MOTHER'S MAIDEN NAME Doris Hope					
	Was Deceased Ever in U. S. Armed For s,no or unknown) (If yes, give war or date		SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			= =	intres	INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (B)  DUE TO  (B)  Hyphina mic ambrana disease  DUE TO								
	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the (C) Ore motor type UNDERLYING CONDITION lost.								
MOIT	OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELADISED TO CONDITION CAUSING	TED TO THE							
MEDICAL CERTIFICATION		CH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
AL C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	CE OF INJURY (e.g., in orm, foctory, street, of	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exoct locotion)				
03	21 D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	URY OCCURRED  Not While At Work	21F. HOW DID	NJURY OCCUR?					
1	22. I certify that (I) (this hospital) attended the deceased from 1965 to 1965								
	that (1) (we) last saw the deceased alive an 2/14 19 65 and that in(my) (aur) apinlan death accurred on the date								
	and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.								
	23A. SIGNATURE	AA D A44-	ading - AAad -	Stoff -	23B, DATE SIGNED				
	23C. PHYSICIAN'S	KOR		nding Med. Director 23D. ADDRESS	Stofl Phy s.	2-17-65			
	NAME (Type)								
24/	Lionel C.  A BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  FEB 18		of CEMETERY 6. CRE	1514 Divisi		City, town, or county) (State)			
25/	MAR 2 1965 (R. O. C.	25B. NAME OF RE	MAN VERS	2 C. FUNERAL DIRECT	de SCHOOL	CE DCHD			
1					~				



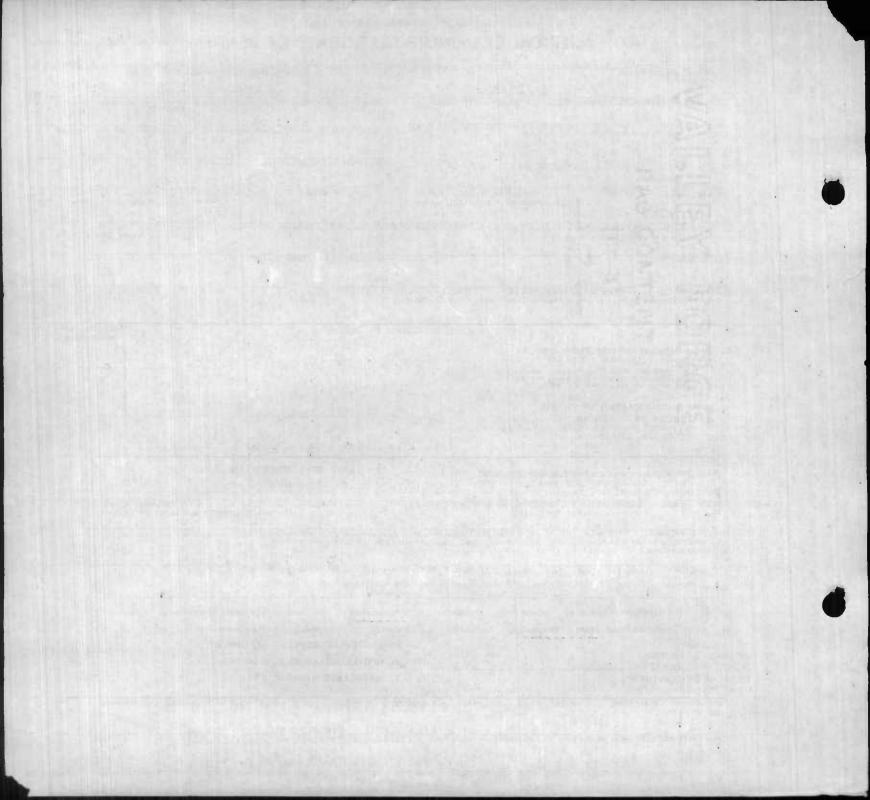
## FUNERAL DIRECTOR: IMPORTANT

hospital and iuse of death ;; (5) Deceased dance on the Such death. Cause canse; attend 0 0 2 prior contributing occurred (4) Undetermined regular mad deceased disposition is death = 0 MOS the įŧ assistant death Ou kind; or final attendance any pronounced 50, o embalmed 0 fracture examiner regular aminer. Who Gre <u>ෆ</u> = physician remains chief medical Was burns; medical physician the (2) Body the 0 before the where hospital °Z nature; approved by obtained 9 (except and the any pe death) accident of hospital was released must 9 approval 0 prior certificate 40 An D.O.A. eceased the body written shows: W ds ŏ

BALTIMORE CITY HEALTH DEPARTMENT 65-05053 Registered No. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 7 165 0.04 USUAL RESIDENCE (Where deceosed lived, Il institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) C. CITY OF TOWN (If outside city limits, write RURAL and give township) rural, give location D. STREET ADDRESS MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. Il Under 24 Hrs. 5. SEX Hours WIDOWED, DIVORCED (specily) F 1 day 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) WHAT COUNTRY? done during most of working life, even if retired) 14. MOTHERS MAIDEN NAME 13. FATHER'S NAME 15. Was Decesed Ever in U. S. Armed Forces? (Yes, no prunknown)! (If yes, give wor or dates of service) ADDRESS 6. SOCIAL SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. Il means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES rematan DISEASES OR CONDITIONS, if any, to the above cause (A) stoting the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (II in Soltimore City, give exact location) DEATH (notily medical examiner) etc.) MEDIC 21D. TIME (Doy) (Yeor) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on ond that in (my) (our) opinion death occurred an the date 61 and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. 23 B. DATE, SIGNED 23A. SIGNATURE Med. Director Stoll Phys. M.D. Attending Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 965 NAME OF CEMETERY INCENT 24A, BURIAL CREMATION. REMOVAL (Specily) 254 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

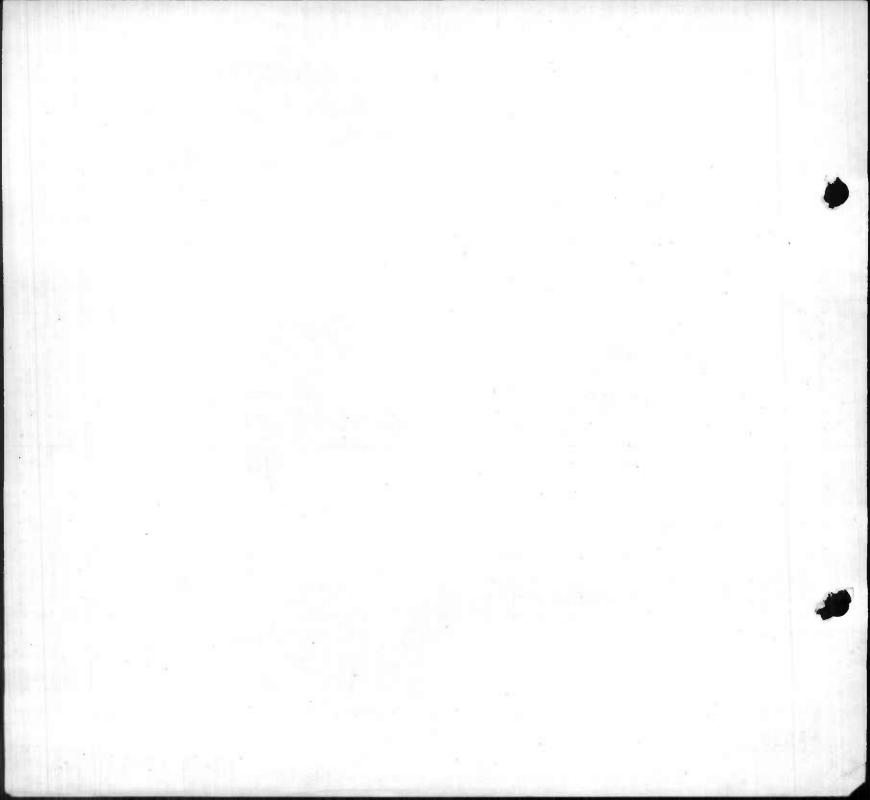


VS 151-REV. 1/1/65



		BALTIMORE CITY HEALTH DEPARTMENT 65 2288					
BIRTH NO. 65 2288		CERTIFICATE OF DEATH Registered No.					
1. Na (Typ	AME OF DECEASED		FER	RUPRY 16	1965 930		
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	TY 1 C	Stitution: residence before admis		
FULL NAME OF (If not in hospital ar institution, give street oddress or location) INSTITUTION			C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
3	JOHNS HOPKINS	HOSPITAL	D. STREET ADDRESS (If rurol, give location)				
	EX 6. RACE 7. MARRIED NEV	270 444 0015	B. DATE OF BIRTH	11/5 ST.	1 11 11 1 2 V 11 11 1 2 2		
5. S	MALE NEGRO WIDOWED DI	VORCED (specify)	9-16-84	lost birthdoys	If Under 1 Yr. If Under 24 Months Days Hours M		
	USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUS e during most of working lite, even if retired)	INESS OR INDUSTRY	11. BIRTHPLA CE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
13. f	FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
15. V (Yes		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
		CAUSE O			INTERVAL BETWEEN		
	LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) DUE TO (C)	enal Fi	r-gnams vilene v g/to	COL		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	/	Blo ble				
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	CE OF INJURY (e.g., i rm, foctory, street, o	n or obout Zi C. WHERE DID INJURY OCCUR?	(If in Boltimore	e City, give exact location)		
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY (APPROX.)	21F. HOW DID IN.	JURY OCCUR?	- Main			
	22. 1 certify that (1) (this haspital) attended the deceased from 2/5 to 2/6 19 6 that (1) (we) last sow the deceased alive an 2/6 19 6 ond that in (my) (our) opinion death occurred on the and haur and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.  238. DATE SIGNED						
Percy Spiral M.D. Attending Med. Director Phys. 2/16/6							
	JERRY L. SPIVI	AK M.D.	JOHNS	HOPKI	ns vostia		
24A	REMOVAL (Specify) FEB 23 1965	I CEMPTER A CE	DSITY MEDIC	AL SCHOOL	(St		
25A	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	EGISTRAIU I VIL	A CONTRACTOR	AL SCHOOL	E DCHD		

24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME at CEMPTERY AT CREMATORY 2 LA DIC FUNERAL DIRECTOR 25B. NAME OF REGISTRAL 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 2 MAR 1965 VS 150-REV. 1/1/65

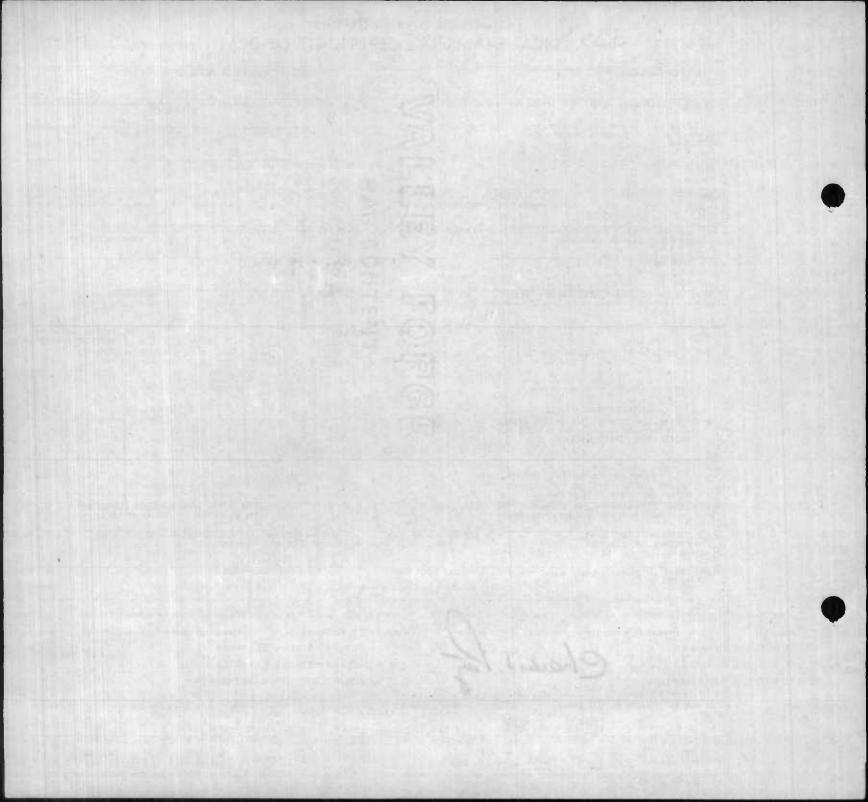


ADDRESS

VS 151-REV. 1/1/65

24A, DATE REC'D BY HEALTH DEPT.

248, NAME OF REGISTRAR



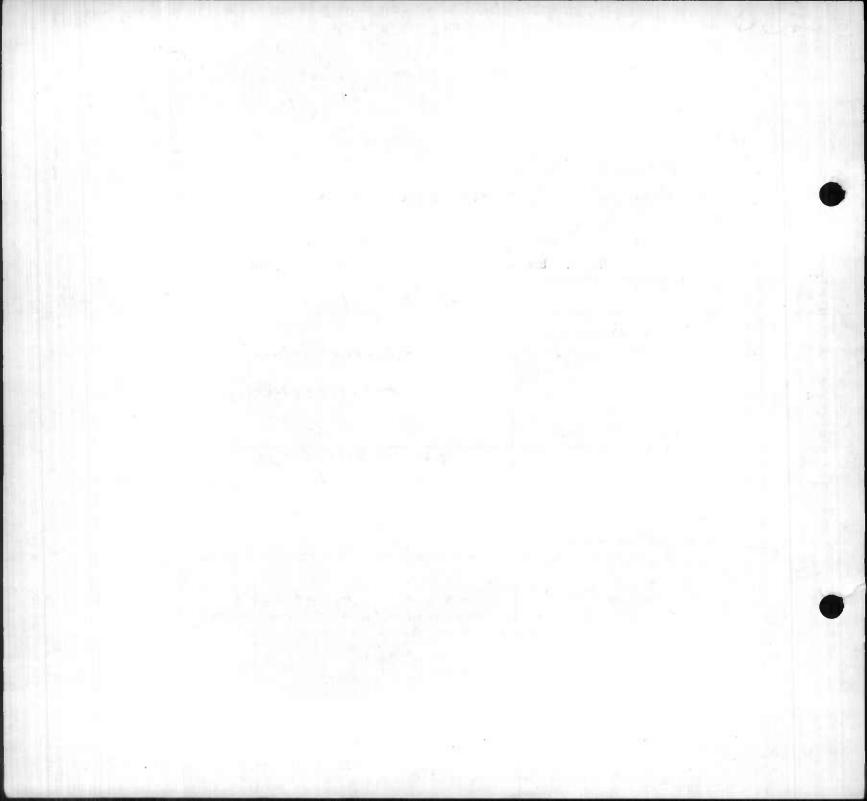
# EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. PLEASE WRITE THE CAUSES OF DEATH CLEARLY AND LEGIBLY.

	DILL NO 65 2290 BALTIMORE CITY HEALTH CERTIFICATE OF	Registered No. 00					
	NAME OF DECEASED	2. DATE OF DEATH					
	(pe or Print) ANNIE MANKOFF	2-28-1965					
-		4. USUAL RESIDENCE (Where decessed lived. If institution: residence before edmission)					
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY					
	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	Maryland 2/-/					
		C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
1		Barto					
	Sinai Hospi	DC STREET ADDRESS (If rural, give location)					
	*	2423 (YLBURN AUE					
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In yeers If Under I Yr. If Under 24 Hrs. Months : Deys : Hours ! Min.					
F	= male White Widew	11-24-1879 85					
	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or foreign country)   12. CITIZEN OF					
do	ne during most of working life, even if retired)	LATUIA WHAT COUNTRY?					
-	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
13.	A THER S NAME	THE S MAIDEN NAME					
	LAZER	IGARL					
	Was Deceased Ever in U. S. Armed Forces?  Ib. SOCIAL  SECURITY NO.	17. INFORMANT ADDRESS					
11	s, no or unknown) (ii yes, give wer or deles or service)	MRS. ALBERT GREENBERG SAME					
$\parallel$	CALIFE	OF DEATH INTERVAL BETWEEN					
	Total Control of the	ONSET AND DEATH					
	LEADING TO DEATH	ERIOSCLEROTIC HEART 5YRS					
	(This daes not mean the made of dying, e.g., DUE TO	IS EASE					
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	15EA3E					
	ANTECEDENT CAUSES (B)						
	DISEASES OR CONDITIONS, if any, giving						
TION	rise to the above cause (A) stating the (C)						
IE	UNDERLYING CONDITION last,						
ŏ	11						
ERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
	DISEASE OR CONDITION CAUSING IT.						
	CAUSE OF DEATH, ENTER IN	B. CONDITION FOR WHICH OPERATION 20. AUTOPSY?  AS PERFORMED					
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	PART I OR PART II  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in	AS PERFORMED  YES NOTE  NOTE OF STATE O					
E	OR CONTRIBUTING CAUSE OF home, farm, fectory, street, office	the state of the s					
ıΣ	DEATH (notify medical exominer) etc.)						
	21D. TIME (Month) (Dey) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?					
	WHILE AT NOT WHILE WORK AT WORK						
	22. I certify that (1) (this haspital) attended the deceased from	AUG 1965 to					
	12. I certify that (1) (this haspital) attended the deceased fram	the deceased alive an $FEB$ 27, 1965					
	That (I) (we) last saw t	ne deceased drive an					
	and that in (my) (aur) apinian death accurred at 6:150, m.						
	RABBANA AND AND AND AND AND AND AND AND AND	ADDRESS AS LIBERTY HEIGHTS MA 2/19/1					
	ATTENDING PHYS. AMED. DIRECTOR STAFF PHYS.	[w] [w]					
	A. BURIAL, CREMATION, 24B. DATE MOVAL (Specify)  24C. NAME of CEMETERY or CREMA	ATORY 24D. LOCATION (City, town, or county) (State)					
	BURIAL 3/1/1965 ROSEdALE	Balto MD					
25	A. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS					
	MAR 2 1965 Pales E. Jarkey Mil	SYLVAN S. LEWIS + SON -3319 CLYMPIA AUE.					
VS.	150	Planta 2. Peals 1 day - 331   Or lithiu Hac					
11							

BALTIMORE CITY HEALTH DEPARTMENT



05 0004	BALTIMORE CITY HEALTH DEPARTM	ENT	C5 9904
BIRTH NO. 65 2291 M.E. CASE NO.	CERTIFICATE OF DEA	TH Registered No.	65 2291
1. NAME OF DECEASED (Type or Print) RUTH E. Schm.		2-27-64	1 3 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDEN	CE (Whore deceased lived. If in	stitution: residenco beforo admis
FULL NAME OF (If not in hospitol or institution, give stitution)  NSTITUTION		(If outside city limits, write I	9-0 S RURAL ond givo township)
V	D. STREET ADDRESS	(If rurol, give location)	
Union Memorial Hosi	1777 1422 140	mestead St.	
5. SEX 6. RACE 7. MARRIED, NEVEL DIVORCED DIV	R MARRIED B. DATE OF BIRTH G-28-C	9. AGE (In years lost birthdoy)	Months Doys Hours A
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSIN done during most of working (ife, even if retired)	Maria C	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIL	DEN NAME	
John H. Sahman	Costill	a Skk Miles	
		-UNION ME	emonal Hosp,
18. 2 X 1	CAUSE OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g.,	(A) Lerebral in	farct	4 days
heart failure, asthenia, etc. It means the disease, injury ar camplicotian which coused death.)	(B) arteriosc		Yazas
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving	DUE TO		
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	0	
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Ischamic/ulcars of		Months
	Pulmonary emboli OPERATION (20A. AUTOPSY? !!	meltiple	DAYS FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	Yes	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLAC OR CONTRIBUTING CAUSE OF DEATH (notify medical examinal)	E OF INJURY (e.g., in or about 21C. WHER foctory, street, office bldg., INJURY OC	E DID (If in Boltimore	City, give exect (ecotion)
	RY OCCURRED 21F. HOW	DID INJURY OCCUR?	
While At Work	Not While At Work		
22. I certify that 😂 (this hospital) attended the dec	5.1/	19 65 to	2 - 27 196
that (1) (we) last sow the deceased alive on	2-27 19 65	_ond that in (my) (our) opi	
ond haur and from the causes stated above. (1) (We)			
23A. SIGNATURE			238. DATE SIGNED
Law tence T. Lelie ma	M.D. Attending Mod. Direct	or Stoff Phys.	2-27-6:
23C. PHYSICIAN'S NAME (Typo)	M.D.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Spocify)	CEMETERY OF CREMATORY	24D. LOCATION (C	ty, lown, or county) (S
	ivet Cemetery	Baltimor	e
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG	STRAR 25C. FUNERAL D		ADDRESS
IIIII & Igga dividua	January William	Cook-Hamilton, I	nc. 6009 Harior
VS 150-REV. 1/1/65			



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disnosition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		BALTIMORE CITY	HEALTH DEPARTMENT		CE	2292
RTH NO. 65 2292		CERTIFICA	TE OF DEATH	Registered No	. 65	1-1-01-
e case no. Name of Deceased 'Pe or Print' Helen B. Fulche			Februa	ery 25, 196	55	12:51 P
FRIEDATE CORRECT	TEN 3	3-8-65	4. USUAL RESIDENCE (When A. STATE B. COUN	e deceosed lived. If TY	institution: residence	e before odmiss
HOSPITAL OR INSTITUTION Baltimore 4940 Easte	City Hos ern Avenue	pitals e	C. CITY OR TOWN (If out Baltimore D. STREET ADDRESS (If i	side city limits, write		lownship)
Baltimore,	, Maryland		1136 Homewood	Avenue - j		If Under 24
Female White	Marrie	DIVORCED (specify)	3-15-06	ost birthdoyl 58	If Under 1 Yr. Months Doys	Hours Mir
A. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired). Waitress	Restau		Ohio	gn country)	12. CITIZEN O WHAT CO USA	UNTRY?
S FATHER'S NAME			14. MOTHER'S MAIDEN NAM			
John Bodner				known		
5. Was Deceased Ever in U. S. Armed Fare es, no ar unknown) (If yes, give war ar date	s of service)	security nd. 212-20-5719	Records_BCH_49	9/O Eastern	ADD	
18. 175.01		CAUSE OF		/40 Das toll	INTER	VAL BETWEEN
DISEASE OR CONDITION DIR	RECTLY		cinoma of the O		20 mo	
ANTECEDENT CAUSES		DUE TO				v 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
DISEASES OR CONDITIONS, if tise to the above couse (A) UNDERLYING CONDITION last.	ONTRIBUTING	(B)				
DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	SIOIING THE ONTRIBUTING TED TO THE T. DITTON FOR WHI	(C)	20A. AUTOPSY? (Yes or No.	208. IF YES, WER IN CERTIFYING C	E FINDINGS CON: AUSES OF DEATH	SIDERED
DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS COUNTY TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 19 19 A. DATE OF OPERATION 19 B. CONWAS PERFORM	ONTRIBUTING ONTRIBUTING ITED TO THE T, DITTON FOR WHI	(C)CH OPERATION		IN CERTIFYING C	E FINDINGS CON AUSES OF DEATH ore City, give exoc	Yes
DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I 199A. DATE OF OPERATION 198. CONWAS PERFORM CONTRIBUTING CAUSE OF	ONTRIBUTING TO THE T. DITION FOR WHI ORMED  21B. PL. home. etc.)	CH OPERATION  ACE OF INJURY (e.g., in lorm, foctory, street, off	Tes or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltime	AUSES OF DEATH	Yes
DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS COUNTY THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IN 198. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY	ONTRIBUTING ONTRIBUTING ITED TO THE T. DITION FOR WHI FORMED  218 PL home, etc.)  (Hour)  21E, IN While Work	CH OPERATION  ACE OF INJURY (e.g., in lorm, factory, street, off JURY OCCURRED  At Not White At Work deceosed from	Tes  or obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJURY	(If in Boltime	AUSES OF DEATH	Yes
DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CTO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I 198. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Manth) (Day) (Year) (APPROX.)  22. I certify that (I) (this hospital that (I) (we) lost sow the decease	ONTRIBUTING ITED TO THE T. DITION FOR WHI FORMED    21B. PL. home, etc.)  (Hour) 21E. IN While Work ) ottended the old olive on	(C)  CH OPERATION  ACE OF INJURY (e.g., in lorm, factory, street, off off off off off off off off off of	Tes  or obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJURY  2—7 1	(If in Boltim	AUSES OF DEATH	Yes Hocohan)
DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CATEDRAL OF THE DEATH BUT NOT RELAUTION CAUSING IN 19A. DATE OF OPERATION 19B. CON WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.)	ONTRIBUTING ITED TO THE T. DITION FOR WHI FORMED    21B. PL. home, etc.)  (Hour) 21E. IN While Work ) ottended the old olive on	(C)  CH OPERATION  ACE OF INJURY (e.g., in lorm, factory, street, off off off off off off off off off of	Tes  or obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJURY  2—7 1	ORY OCCUR?	AUSES OF DEATH	Yes t locotion)
DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS COUNTY THE DEATH BUT NOT RELADISED TO THE DEATH (NOT THE DEATH SUPPLY CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) lost sow the decease and hour and from the couses stated.	ONTRIBUTING ITED TO THE T. DITION FOR WHI FORMED    21B. PL. home, etc.)  (Hour) 21E. IN While Work ) ottended the old olive on	CH OPERATION  ACE OF INJURY (e.g., in lorm, foctory, street, off the lorm)  JURY OCCURRED  At Not White At Work deceased from 2-25  We) (did) (did not) v	Tes  or about 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 65 and the liew the body ofter death.	ORY OCCUR?	AUSES OF DEATH ore City, give exoc  2-25- pinion deoth occ	Yes It location)  19 6
DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELAD DISEASE OR CONDITION CAUSING I'  19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Day) (Year) (APPROX.)  22. I certify that (I) (this hospital that (I) (we) lost sow the decease and hour and from the couses state 23A. SIGNATURE	ONTRIBUTING STED TO THE T. DITION FOR WHI PORMED  21 B. PL. home. etc.)  (Hour)  21 E. IN While Work  ) oftended the often olive on	ICH OPERATION  ACE OF INJURY (e.g., in lorm, factory, street, off At Work deceased from	Tes  To obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 65 ond the iew the body ofter death.	IN CERTIFYING C	2-25- plnlon deoth occ 23B. DATE SIGN 2-25-6	Yes It location)  19 6
DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last.  II OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELAD DISEASE OR CONDITION CAUSING I' 19A. DATE OF OPERATION 19B. CON WAS PERFORM (A) DISEASE OR CONDITION CAUSING I' 19A. DATE OF OPERATION 19B. CON WAS PERFORM (A) DISEASE OF OR CONTRIBUTING CAUSE OF OPERATION (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) lost sow the decease and hour and from the causes state 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Dr. Robert  4A. BURIAL CREMATION, 24B. DATE	ONTRIBUTING (TED TO THE T. DITION FOR WHI FORMED    21B. PL. home. etc.)  (Hour) 21E. IN While Work ) ottended the cold olive on	ICH OPERATION  ACE OF INJURY (e.g., in lorm, factory, street, off At Work deceased from	Tes  or about 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 65 and the liew the body ofter death.  23D. ADDRESS  4940 Eastern Ave.	or in (my) (our) of Stoff Phys.	2-25- pinion deoth occ  238. DATE SIG	19 6
DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELAD DISEASE OR CONDITION CAUSING I'  19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Day) (Year) (APPROX.)  22. I certify that (I) (this hospital that (I) (we) lost sow the decease and hour and from the couses state 23A. SIGNATURE	ONTRIBUTING CIED TO THE T. DITION FOR WHI PORMED  21B. PL. home. etc.)  (Hour)  21E. IN While Work  ) ottended the of olive on ed above. (I) (V	ICH OPERATION  ACE OF INJURY (e.g., in lorm, factory, street, off At Work deceased from 2=25  We) (did) (did not) v  M.D. Atte	Tes  or obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJURY  2—7  19 65 ond the fiew the body ofter death.  Inding Med. Director  23D. ADDRESS  4940 Eastern Ave	or in (my) (our) of the state o	2-25- plnlon deoth occ 23B. DATE SIGN 2-25-6	19 62 curred on the

VS 150-REV. 1/1/65

Letter from B.C.H.

3-8-65

M.H.

24A. BURAL CREMATION. REMOVAL (Specify)

MAR 2 1965

REMOVAL

VS 150-REV. 1/1/65

2-27-65

Such

a hospital and

					BA	LTIMORE CI	TY HEALTH	DEPARTMENT		CE	0000
		229	33		CI	ERTIFIC	ATE C	F DEATH	Registered N	10. 00	2293
11	A.E. CASE NO.  NAME OF DECEA Type or Print)  PLACE OF DEATH	055	. 2	LNE	· vu	MAI	ri E		AND HOUR OF DEA		g.ropm
3	FULL NAME OF			•			4. USU	RESIDENCE (W B. COI	here deceased lived. JNTY =	If institution: re:	sidence before odmission)
d	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)				C. CITY OR TOWN (If outside city limits, write RURAL and give township)  BALTIMONE 31  D. STREET ADDRESS (If ture), give location)						
	CHURC		0 mil	e le	4950	; TAL	16	17 E.	BALTO	0.51	
ľ	OA. USUAL OCCUP	RACE		WIDOV	VED, NEVER A	CED (specify)	70	OF BIRTH	9. AGE (In yours lost birthdoy) 52		1 Yr. If Under 24 Hrs. Doys Hours Min.
d	lone during most of wor	king life, even	ind of work if retired)	Crown	of Busines Cork &	s or indust  Seal	RY 11. BIRT		o Ling	U.S	T COUNTRY?
1	1. FATHERS NAME	Ros	2					HERS MAIDEN N		n / a/	
ī	5. Was Deceased Ex Yes, no or unknown) (19	er in U. S. A yes, give w	Armed Force	es? s of service	1 6. SOCI SECU	AL JRITY NO.			Cook, Grove		ADDRESS
		OR CONDITADING TO		ECTLY			OF DEATH		en)		NTERVAL BETWEEN DNSET AND DEATH
	(This does not heart loilure, as injury or compli	thenia, etc.	It means h caused	the diseas				RACHA	RALAN		
	DISEASES OR	abave cau	se (A)				Hyp	GRTEN	SION		YEARS
	OTHER SIGNIFIC TO THE DEA DISEASE OR CO	TH BUT N	OT RELA	TED TO							
	19A. DATE OF O	PERATION		DITION FO	R WHICH O	PERATION	20 A.	AUTOPSY? (Yes or	No) 20B, IF YES, WE IN CERTIFYING	CAUSES OF D	CONSIDERED EATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID homo, form, foctory, street, office bldg., INJURY OCCUR?    Contribution   Contribution							more City, give	exact location)			
	_	Aonth) (Doy	Yeor)		While At Work	OCCURRED Not W		21 F. HOW DID I	NJURY OCCUR?		
		st saw the	deceose	d alive o	n	-26	19				h occurred on the dot
	23A. SIGNATURE		D	ed obove	(I) (We) (c	M.D.	Attending	Med.	Stoff -	23B. DATE	= SIGNED -26-65
	23 C. PHYSICIAN NAME (Type	asm	S	ang	1		23D. ADE	Director	Phys.	d	0)

RZAGA

A.D. CHUREH

24C. NAME of CEMETERY OF CREMATORY

Pleasant Grove Baptist

Church Cemetery

St. NAME, OF REGISTRAN M. M. M. 25C. FUNERAL DIRECTOR ADDRESS Wm.Cook, Inc., 1217 St. Paul STreet, Baltimore

240

SHELBY,

2400

North Carolina

b sylvania the prontone of William D. William C. W. Comban All three it (E4) It over 2 :

131	2294		BALTIMORE CITY HEAD	LTH DEPARTMENT			65	229
BIRTH NO.	MED	CAL EX	XAMINER'S C	ERTIFICATE	OF D	EATH Registe	red Na	
M.E. CASE NO.								
1. NAME OF DE	ECEASED			2. [	DATE AND	HOUR PRONOUNC	ED DEAD	
(Type or Print)		JOSEPH R	. SIBLEY		Febru	ary 26, 190	65	2:43 A
3. PLACE IN BA	LTIMORE MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENC	E(Where de	ceased lived. If inst	itution: reside	ence before adm
				A. STATE Mary		B. COU	INIT	
FULL NAME OF HOSPITAL OR	ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN		corporate limits, write	RURAL on	d give township
INSTITUTION				Polt.	i	21215	2	7-18
)	SINAI HOS	CDTTAT		D. STREET ADDRESS	imore (If rurol, g		-	
	STIMI IIO	DITIAL						
5. SEX	6. RACE	7. AA APRIED	NEVER MARRIED	B. DATE OF BIRTH	Uaktor	d Avenue	If Under	1 Yr. If Under
		WIDO WED,	DIVORCED (specify)	1100	1016	lost birthdoy	Months	Doys   Hours
Male	White	Marr		Nov, 28,		48		
			F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote	e or foreign	country)	12. CITIZE	
self e	f working life, even if retired)	Haul	ing	Virgi				U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAID				
Richa	rd Sibley			Rita (	Colley			
15. WAS DECEAS	SED EVER IN U.S. ARME		16. SO CIAL	17. INFORMANT			ADDRESS	
Yes, no or unknow YES	(If yes, give war or date WW II	tes of service)	217-03-7016	Evelyn Sib	bley,3	032 Oakford	Road	, Zone 2
1B.				E OF DEATH				INTERVAL BET
	not meon me mode d	of dying, e.g.,	DUE TO	ensive and	ar cer r	OBCICLOCIC		
DISEASES RISE TO T UN DERLY	inct meen the mode of re, asthenio, etc. It meon complication which coused ANTECENDENT CAUSE OR CONDITIONS, IS THE ABOVE CAUSE (A) 19 ING CONDITION LAST,	ns the discose, d deoth.  SES  ANY, GIVING STATING THE	DUE TO	cardio	vascul	ar disease		
DISEASES RISE TO T UN DERLY	re, osthenio, etc. If meon complication which caused ANTECENDENT CAUS OR CONDITIONS, IF THE ABOVE CAUSE (A)	ns the discose, d deoth.  SES  ANY, GIVING STATING THE	B)DUE TO	cardio	vascul	ar disease		
DISEASES RISE TO T UN DERLY	re, as thenia, etc. It mean complication which caused ANTECENDENT CAUS OR CONDITIONS, IF THE ABOVE CAUSE (A) 19 ING CONDITION LAST.	ns the discose, d deoth.!  SES  ANY, GIVING STATING THE	(C)	cardio	vascul	ar disease		
DISEASES RISE TO TUN DERLY  OTHER SIT OTHER SIT OTHER DISEASE	ANTECENDENT CAUSE  ANTECENDENT CAUSE  OR CONDITIONS, IF INE ABOVE CAUSE (A) ING CONDITION LAST.  II GNIFICANT CONDITION: DEATH BUT NOT R OR CONDITION (AUSIN) OF OPERATION [198. CO	ns the discose, d deoth. d deo	(B)	cardio	vascul	ar disease	SES OF DEA	
DISEASES RISE TO T UNDERLY  OTHER SI TO THE DISEASE 19A, DATE C  21A, EXTERN UNDERLYING	ANTECENDENT CAUSE  ANTECENDENT CAUSE  OR CONDITIONS, IF INE ABOVE CAUSE (A) ING CONDITION LAST.  II GNIFICANT CONDITION: DEATH BUT NOT R OR CONDITION (AUSIN) OF OPERATION [198. CO	ns the discose, d deoth. SES  ANY, GIVING STATING THE STATING THE SELATED TO NG IT.  ENDITION FOR ERFORMED	(B) DUE TO  (C)  ING THE  WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street,	20A. AUTOPSY? (You Yes	es or Nol 2 RE DID (If	ar disease  OB. IF YES, WERE FI N CERTIFYING CAU Ye.	SES OF DEA	ATH?
DISEASES RISE TO TUN DERLY  OTHER SIST TO THE DISEASE  19A, DATE CO  21A, EXTERN	ANTECENDENT CAUSE OR CONDITIONS, IF HE ABOVE CAUSE (A): III GNIFICANT CONDITION DEATH BUT NOT R OR CONDITION CAUSIN OF OPERATION 19B. CO WAS PE	s the disease, d death. SES  ANY, GIVING STATING THE  S CONTRIBUTION FOR CERFORMED  21B. hometc.)	DUE TO  (B)	20A. AUTOPSY? (You Yes in or obout 21C. WHELE THOW	es or Nol 2 RE DID (If	ar disease  OB. IF YES, WERE FIN CERTIFYING CAU Ye in Boltimore City, gi	SES OF DEA	ATH?
DISEASES RISE TO TUNDERLY  OTHER SITO THE DISEASE  19A. DATE COLOR  21A. EXTERN  UNDERLYING UTING CA  21D TIME OF INJURY (APPROX.)  22.	ANTECENDENT CAUSE ANTECENDENT CAUSE OR CONDITIONS, IF INE ABOVE CAUSE (A): 'ING CONDITION LAST.  II GNIFICANT CONDITION: OF OPERATION O	s the disease, d death. SES  ANY, GIVING STATING THE  S CONTRIBUTION FOR CERFORMED  21B. hometc.)	DUE TO  (B)  DUE TO  (C)	20A. AUTOPSY? (You Yes in or obout 21C. WHE office bidg., INJURY OF OWN WHILE	es or Nol 2 III	ar disease  OB. IF YES, WERE FIN CERTIFYING CAU Ye in Boltimore City, gi	SES OF DEAS	ath?
DISEASES RISE TO TUNDERLY  OTHER SITO THE DISEASE 19A. DATE OUTING LEXTERN UNDERLYING LOTHER OF INJURY (APPROX.)  22.   ce	ANTECENDENT CAUSE ANTECENDENT CAUSE OR CONDITIONS, IF INE ABOVE CAUSE (A): ING CONDITION LAST.  II GNIFICANT CONDITION PROPERATION OF OPERATION OF O	ses CONTRIBUTI SES ANY, GIVING STATING THE	DUE TO  (B)  DUE TO  (C)	20A, AUTOPSY? (YOU YES in or obout 21C. WHE office bldg., INJURY OF WHILE WHILE WORK and the	es or Not 2 III RE DID (If CCUR?  DID INJUR	or disease  OB. IF YES, WERE FI N CERTIFYING CAU Ye in Boltimore City, gi	SES OF DEAS  ve exoct loc	ath?
DISEASES RISE TO TUNDERLY  OTHER SITURN TO THE DISEASE  19A. DATE OF UNDERLYING  21A, EXTERN UNDERLYING UNDERLYING UNDERLYING OF INJURY (APPROX.)  22.   ce	ANTECENDENT CAUSE  ANTECENDENT CAUSE  SOR CONDITIONS, IF IME ABOVE CAUSE (A): ING CONDITION LAST.  III GNIFICANT CONDITION TO THE CONDITION CAUSIN OF OPERATION 198, CONDITION CAUSIN OF OPERATION 198, CONDITION CAUSIN OF OPERATION 198, CONDITION CAUSE  AL CAUSE WAS GIOR CONTRIB- LUSE OF DEATH.  (Month) (Doy) (Ye	ses CONTRIBUTI SES ANY, GIVING STATING THE	WHICH OPERATION  PLACE OF INJURY (e.g., e, form, foctory, street, while at Notwork Notwork Notwork At v	20A, AUTOPSY? (YOU YES in or obout 21C. WHE office bldg., INJURY OF WHILE WHILE WORK and the	es or Not 2 III RE DID (If CCUR?  DID INJUR	OB. IF YES, WERE FIN CERTIFYING CAU YE in Boltimore City, gi	SES OF DEAS  ve exoct loc	cotion)
DISEASES RISE TO TUNDERLY  OTHER SITUNDERLY  OTHER SITUNDERLY  OTHER SITUNDERLY  19A, DATE OF INJURY (APPROX.)  21. Cee	ANTECENDENT CAUSE ANTECENDENT CAUSE SOR CONDITIONS, IF IME ABOVE CAUSE (A): ING CONDITION LAST.  II GNIFICANT CONDITION: OF OPERATION 19B, CO WAS PE  AL CAUSE WAS GOR CONTRIB- LUSE OF DEATH.  (Month) (Doy) (Ye  Pertify that I held an oulted fram: Natural conductions)  Natural Conductions  AL	ses CONTRIBUTI SES ANY, GIVING STATING THE	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, while at work at work at war and a subject to the subject to th	cardion  20A. AUTOPSY? (Yes in or obout 21C. WHE office bldg., INJURY Oc  21F. HOW WHILE VORK  tapsy X and th de Hamicide CHIEF MEDI	es or Not 2	OB. IF YES, WERE FIN CERTIFYING CAU YE in Boltimore City, gi	SES OF DEAS  ve exoct loc	ath?
DISEASES RISE TO TUN DERLY  OTHER SIST OF THE DISEASE  19A. DATE OF THE DISEASE  19A. DATE OF THE DISEASE  21A, EXTERN OF INJURY (APPROX.)  22. I ce  rest  ACTU.  SIGNA	ANTECENDENT CAUSE ANTECENDENT CAUSE OR CONDITIONS, IF INE ABOVE CAUSE (A): ING CONDITION LAST.  II GNIFICANT CONDITION: DEATH BUT NOT OR CONDITION CAUSIN OF OPERATION 19B. CO WAS PE  AL CAUSE WAS GOOR CONTRIB- USE OF DEATH.  (Month) (Doy) (Ye  entify that I held an ulted fram: Natural country  AL TURE	ses CONTRIBUTI SES ANY, GIVING STATING THE	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, while at work at work at war and a subject to the subject to th	20A. AUTOPSY? (Yes  Yes in or obout 21C. WHE office bldg., INJURY Oc  21F. HOW  WHILE tapsy x and th de Hamicide  CHIEF MEDI O, ASSISTANT MEDI	es or Nol 2 III RE DID (If CCUR?  DID INJUR  LOT IN THE COLUMN IN THE CO	OB. IF YES, WERE FIN CERTIFYING CAU Ye in Boltimore City, gi	SES OF DEAS  ve exoct loc  my apinion  er	cotion)
DISEASES RISE TO T UN DERLY  OTHER SIS TO THE DISEASE 19A, DATE C  19A, DATE C  19A, DATE C  21A, EXTERN UTING CA 21D TIME OF INJURY (APPROX.)  22.  1 ce rest  ACTU, SIGNA	ANTECENDENT CAUSE ANTECENDENT CAUSE SOR CONDITIONS, IF INE ABOVE CAUSE (A): ING CONDITION LAST.  II GNIFICANT CONDITION: DEATH BUT NOT ROR CONDITION CAUSIN OF OPERATION 19B. CO WAS PE AL CAUSE WAS GOOR CONTRIB- USE OF DEATH.  (Month) (Doy) (Ye  entify that I held an oulted fram: Natural countries of the contribution of the c	s the disease, d death, l SES ANY, GIVING STATING THE  S CONTRIBUTI RELATED TO NG IT. PONDITION FOR ERFORMED  21B, hom etc.) cor) (Hourl m. Inquiry  Gouses X	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, while at work at work at war and a subject to the subject to th	20A. AUTOPSY? (YOUNG TO SHE INJURY OF INJURY O	es or Nol 2 III RE DID (If CCUR?  DID INJUR  LOT IN THE COLUMN IN THE CO	OB. IF YES, WERE FIN CERTIFYING CAU Ye in Boltimore City, gi	SES OF DEAS  ve exoct loc  my apinion  er	DATE SIGN

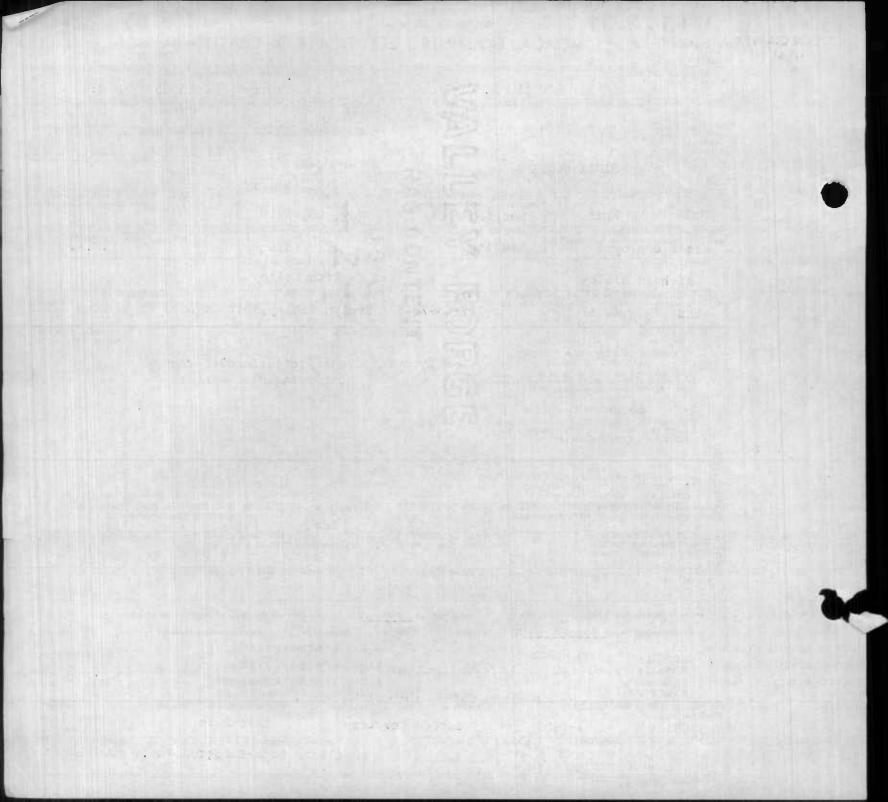
BURIAL

Western Cemetery

Baltimore

MAR 2 1965 Receb E. Falley M.A.

William Cook-Hamilton, Inc., 6009 Harford RD



was D.O.A. at a hospital (except where the physician who pronounced

death was in regular attendance on the deceased prior to death.

	BALTIMORE CITY HEALTH DEPA
35 2295	CERTIFICATE OF D

Registered	Na	65	2205
Kegistered	No	60	THE COL

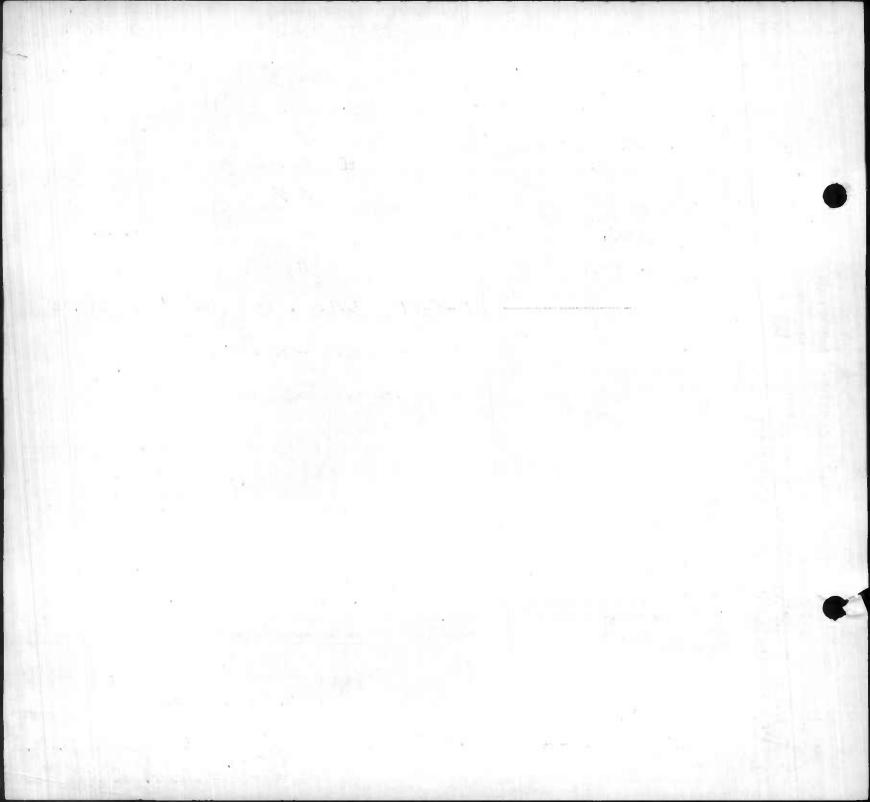
(Тур	AME OF DECE e or Print)	DAY, EVE	YN /			ruary 28,	
3. P	LACE OF DEA	TH IN BALTIMORE,				ere deceased lived. If	institution: residence before odmi
F	ULL NAME O	F (If not in hose	ital or institution	n give street	Md.	2	6-15
Н	OSPITAL OR	oddress or lo	otion)	9,70	C. CITY OR TOWN (If o		e RURAL and give township)
1	em to	SEPH HOSPI	PAT.		Baltimore D. STREET ADDRESS	24	
/	21. 00	SEIN NOOLL	r Mu			If rurol, give location)	
5, \$1	EX	6. RACE		D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 2. Months: Doys Hours A
F	emale	White		ved, DIVORCED (specify)	11/24/100 08	lost birthdoy!	Months Doys Hours A
toA.	USUAL OCCU	PATION (Give kind of	work 108. KIND		11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
done	House	vorking life, even il retii	Az	t Home	Maryland		U.S.A.
13. F	ATHER'S NAM				14. MOTHER'S MAIDEN N	AME	
	Connoc	1 Meyers			Elizabe	th.	
	Vos Deceased	Ever in U. S. Armed		1 6. SOCIAL	Elizabe		ADDRESS
(103	No	(If yes, give wor or	doles of service	216-36-3215	William E. Da		O'Donnell St. #24
	18.	1 4		CAUSE C	OF DEATH	4	INTERVAL BETWEEN
	(This does in heart failure, injury ar cam  A  DISEASES Orise to the	E OR CONDITION LEADING TO DEA al mean the made asthenia, etc. If me plicotian which can NMTECEDENT CAL R CONDITIONS, abave cause	af dying, e. ans the diseased death.) SES if any, givin	g., DUE TO se, (B) Rh	ngestive Heart eumatic Heart D		
NOI	(This does not heart failure, injury ar came A DISEASES Orise to the UNDERLYING	LEADING TO DEA al mean the made asthenia, etc. If me plicotian which cau ANTECEDENT CAU R CONDITIONS, abave cause b CONDITION lost.	af dying, e. ans the diseased death.) SES if any, givin (A) staling II	G. DUE TO  (B) Rh  DUE TO  (C)			
CATION	(This does not heart failure, injury ar came A DISEASES Or ise to the UNDERLYING OTHER SIGNIT TO THE DIDISEASE OR	LEADING TO DEA al mean the made asthenia, etc. If m plicotian which can ANTECEDENT CAU R CONDITIONS, abave cause is CONDITION lost.  II FICANT CONDITION EATH BUT NOT CONDITION CAUSII	af dying, e, ans the diseased death.)  SES  if any, givin (A) staling li  S CONTRIBUT  RELATED TO	g., DUE TO se, (B) Rh DUE TO (C)	eumatic Heart D	isaese	DE FINDINGS CONSIDERED
RTIFICATION	(This does not heart failure, injury ar came A DISEASES Orise to the UNDERLYING	LEADING TO DEA al mean the made asthenia, etc. If m plicotian which can ANTECEDENT CAU R CONDITIONS, abave cause CONDITION lost.  FICANT CONDITION EATH BUT NOT CONDITION CAUSI OPERATION 198.	af dying, e, ans the diseased death.)  SES  if any, givin (A) staling li  S CONTRIBUT  RELATED TO	G. DUE TO  (B) Rh  DUE TO  (C)	eumatic Heart D	isaese	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIF	OTHER SIGNII TO THE DI DISEASE OR  OTHER SIGNII TO THE DI DISEASE OR  19A. DATE OF	LEADING TO DEA al mean the made as thenia, etc. If m plicotian which can antecedent CAU R CONDITIONS, abave cause CONDITION lost.  II PICANT CONDITION EATH BUT NOT CONDITION CAUSI OPERATION 198. WAS	af dying, e. ans the disease death.)  SES  if any, givin (A) staling II  S CONTRIBUT S CONTRIBUT AG IT.  CONDITION FO PERFORMED	g., DUE TO se,  (B) Rh DUE TO  ING THE  R WHICH OPERATION  218, PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or 8 NO in or obout 21C. WHERE DID	152050 No) 208, IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exact locotion)
CALC	(This does not heart failure, injury ar came of the control of the	LEADING TO DEA al mean the made asthenia, etc. If m plicotian which can ANTECEDENT CAL R CONDITIONS, abave cause of CONDITION lost.	af dying, e. ans the disease death.)  SES  if any, givin  (A) staling II  SEONTRIBUT  RELATED TO AG IT.  CONDITION FO  PERFORMED  G	g., DUE TO se,  (B) Rh DUE TO  ING THE  R WHICH OPERATION  218, PLACE OF INJURY (e.g.,	eumatic Heart D	152050 No) 208, IF YES, WEI	CAUSES OF DEATH?
EDICAL C	(This does not heart failure, injury ar came of the control of the	LEADING TO DEA al mean the made asthenia, etc. If me plicotian which can ANTECEDENT CAL R CONDITIONS, abave cause 6 CONDITION lost.  FICANT CONDITION EATH BUT NOT CONDITION CAUSI OPERATION 198. WAS  IT WAS UNDERLYINTING CAUSE OF	af dying, e. ans the diseased death.)  SES  if any, givin (A) staling II  S CONTRIBUT  RELATED TO  G IT.  CONDITION FO  PERFORMED  G   2  h  eon (Houn) 2	(B) Rh DUE TO  (B) Rh DUE TO  (C)  ING THE  R WHICH OPERATION  PLACE OF INJURY (e.g., nome, fortory, street, cetc.)	20A. AUTOPSY? (Yes or NO in or obout 21C. WHERE DID strice bidg INJURY OCCUR?	No) 208. IF YES, WEI IN CERTIFYING (	CAUSES OF DEATH?
MEDICAL C	(This does not heart failure, injury ar came of the control of the	LEADING TO DEA al mean the made asthenia, etc. If m plicotian which can ANTECEDENT CAU R CONDITIONS, abave cause CONDITION lost.  II FICANT CONDITION CONDITION CAUSI OPERATION 198. WAS  IT WAS UNDERLYIN TING CAUSE OF medical examine)	af dying, e. ans the disease sed death.)  SES  if any, givin (A) staling II  S CONTRIBUT RELATED TO AG IT.  CONDITION FO PERFORMED  G	(B) Rh DUE TO  ING THE  R WHICH OPERATION  218. PLACE OF INJURY (e.g., nome, form, foctory, street, cetc.)	20A. AUTOPSY? (Yes or B NO in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	152050  No) 208. IF YES, WEI IN CERTIFYING (If in Boltin	nore City, give exact location)
MEDICAL C	(This does not heart failure, injury ar came of the control of the	LEADING TO DEA al mean the made asthenia, etc. If m plicotian which can antecedent CAU R CONDITIONS, abave cause CONDITION lost.  II FICANT CONDITION CONDITION CAUSI CONDITION CAUSI OPERATION 198. WAS IT WAS UNDERLYIN TING CAUSE OF medicol exominer) (Month) (Doy) (Y	af dying, e. ans the disease death.)  SES  if any, givin (A) staling II  S CONTRIBUT  S CONTRIBUT  CONDITION FO  PERFORMED  G	ING THE  R WHICH OPERATION  218. PLACE OF INJURY (e.g., nome, fortory, street, cetc.)  218. INJURY OCCURRED  While At Not Whike At Work	20A. AUTOPSY? (Yes or the Notice bidge, INJURY OCCUR?	No) 208. IF YES, WEI IN CERTIFYING (If in Boltin	nore City, give exact location)
MEDICAL C	(This does not heart failure, injury ar came of the control of the	LEADING TO DEA al mean the made asthenia, etc. If me plicotian which can ANTECEDENT CAU RECONDITIONS, abave cause CONDITION lost.  II FICANT CONDITION EATH BUT NOT CONDITION CAUSI OPERATION 198. WAS IT WAS UNDERLYIN TING CAUSE OF medical examiner)  (Month) (Doy) (Y	af dying, e. ans the disease death.)  SES  if any, givin (A) staling II  S CONTRIBUT RELATED TO AG IT.  CONDITION FO PERFORMED  G 2  and 12  and 13  condition for the condition of the condition for the conditio	ING THE  R WHICH OPERATION  218. PLACE OF INJURY (e.g., nome, fortory, street, cetc.)  218. INJURY OCCURRED  While At Not Whike At Work	20A. AUTOPSY? (Yes or the Notice bidge, INJURY OCCUR?	No) 208. IF YES, WEI IN CERTIFYING (If in Boltin	nore City, give exact location)
MEDICAL C	(This does not heart failure, injury ar came of the control of the	LEADING TO DEA al mean the made asthenia, etc. If me plicotian which can ANTECEDENT CAL R CONDITIONS, abave cause is CONDITION lost.  FICANT CONDITION EATH BUT NOT CONDITION CAUSI OPERATION 198. WAS IT WAS UNDERLYIN TING CAUSE OF medical examines)  (Month) (Day) (Y  that (1) (this hasp last saw the deco-	af dying, e. ans the disease death.)  SES  if any, giving the disease death.  S CONTRIBUT  RELATED TO TO THE TO	(B) Rh DUE TO  ING THE  R WHICH OPERATION  218. PLACE OF INJURY (e.g., nome, fortory, street, etc.)  218. INJURY OCCURRED  While At Not Whith At Work  d the deceased from  Teb. 28	20A. AUTOPSY? (Yes or the Notice bidge, INJURY OCCUR?	ODER IF YES, WEIN CERTIFYING (If in Boltin NJURY OCCUR?	CAUSES OF DEATH?  nore City, give exact location)  De 28 19 6
MEDICAL C	(This does not heart failure, injury ar came of the control of the	LEADING TO DEA al mean the made asthenia, etc. If me plicotian which can ANTECEDENT CAL R CONDITIONS, abave cause is CONDITION lost.  FICANT CONDITION EATH BUT NOT CONDITION CAUSI OPERATION 198. WAS IT WAS UNDERLYIN TING CAUSE OF medical examines)  (Month) (Day) (Y  that (1) (this hasp last saw the deco-	af dying, e. ans the disease death.)  SES  if any, giving the disease death.  S CONTRIBUT  RELATED TO TO THE TO	ING THE  R WHICH OPERATION  218. PLACE OF INJURY (e.g., nome, form, foctory, street, otto)  218. INJURY OCCURRED  While At Not White At Work  d the deceased from  The Day 28  (1) (We) (did) (did not)	20A. AUTOPSY? (Yes or the Notion of obout 21C. WHERE DID Inflice bidg., INJURY OCCUR?  21F. HOW DID IN 19 65 and the wiew the body after death	No) 208. IF YES, WEI IN CERTIFYING (If in Bolton NJURY OCCUR?	nore City, give exoct locotion)  De 28 19 6  application death accurred an the
MEDICAL C	(This does not heart failure, injury ar came of the control of the	LEADING TO DEA al mean the made asthenia, etc. If me plicotian which can ANTECEDENT CAU R CONDITIONS, abave cause CONDITION lost.  II FICANT CONDITION EATH BUT NOT CONDITION CAUSII OPERATION 198. WAS IT WAS UNDERLYIN TING CAUSE OF medicol exominer)  (Month) (Doy) (Y that (1) (this hasp last saw the dece fram the causes RE	af dying, e. ans the disease death.)  SES  if any, giving the disease death.  S CONTRIBUT  RELATED TO TO THE TO	ING THE  R WHICH OPERATION  218. PLACE OF INJURY (e.g., nome, form, foctory, street, otto)  218. INJURY OCCURRED  While At Not White At Work  d the deceased from  The Day 28  (1) (We) (did) (did not)	20A. AUTOPSY? (Yes or the No in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID IN the Did of the No in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID IN the Did office of the No in or obout 21C. WHERE DID office bidg.	ODER IF YES, WEIN CERTIFYING (If in Boltin NJURY OCCUR?	nore City, give exact location)  De 28 19 6
MEDICAL C	(This does not heart failure, injury ar came of the control of the	LEADING TO DEA al mean the made asthenia, etc. If me plicotian which can NTECEDENT CAL R CONDITIONS, abave cause of CONDITION lost.  FICANT CONDITION EATH BUT NOT CONDITION CAUSI OPERATION 1988.  IT WAS UNDERLYIN TING CAUSE OF medical examines)  (Month) (Day) (Y  that (1) (this has last saw the dece fram the causes RE	af dying, e. ans the disease sed death.)  SES  if any, giving (A) stating II  S CONTRIBUT  RELATED TO AG IT.  CONDITION FO PERFORMED  G	ING THE  TR WHICH OPERATION  THE PLACE OF INJURY (e.g., nome, fortory, street, etc.)  THE INJURY OCCURRED  While At Not Whith At Work  At	20A. AUTOPSY? (Yes or the Notice bidg., INJURY OCCUR?)  21F. HOW DID IN the Indian of the body after death of the body after death of the body and the body after death of the body and the body after death of the body after	No) 208. IF YES, WEI IN CERTIFYING (If in Bolton NJURY OCCUR?	Do 28  ppinion death accurred an the 2/28/65

Balto. National Cemetery 5501 Frederick Avenue Balto.
NAME OF REGISTRAR 250. FUNERAL DIRECTOR 6224 Eastern Ave.
Charles & Files Balto. Md. 21224

1965

VS 150-REV. 1/1/65

6224 Eastern Avenue Balto. M. 21224



(If not in hospital or institution, give street

oddress or location

BY HEALTH DEPT.

MAR 2

VS 150-REV. 1/1/65

BIRTH NO.

(Type or Print)

M.E. CASE NO.

3. PLACE OF DEATH IN BALTIN

spital and of death

hospital

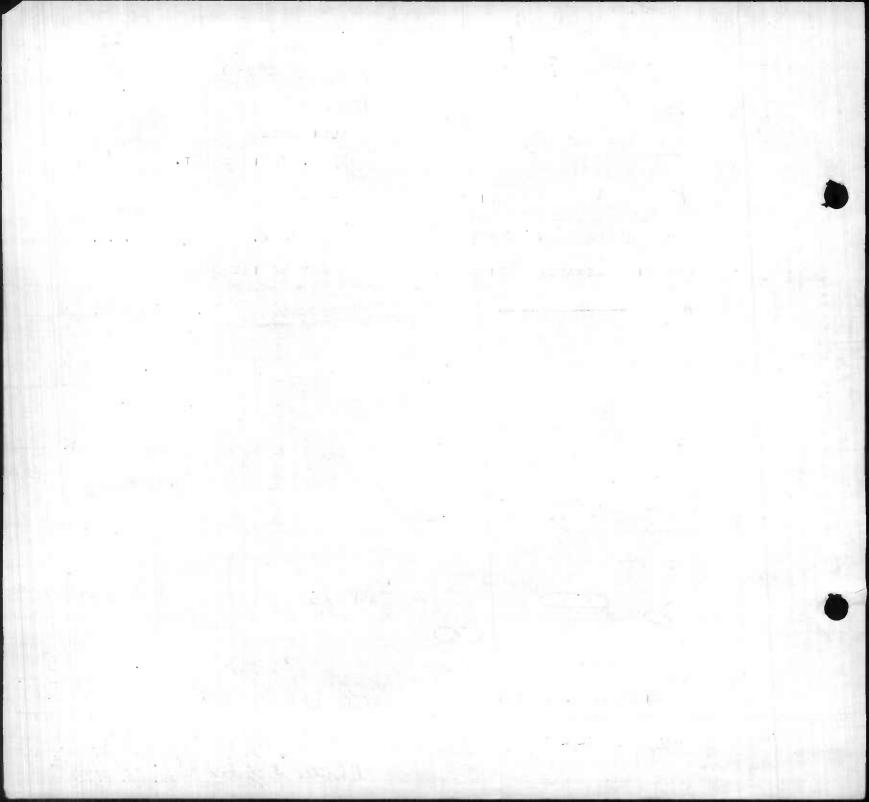
Such

death.

uo

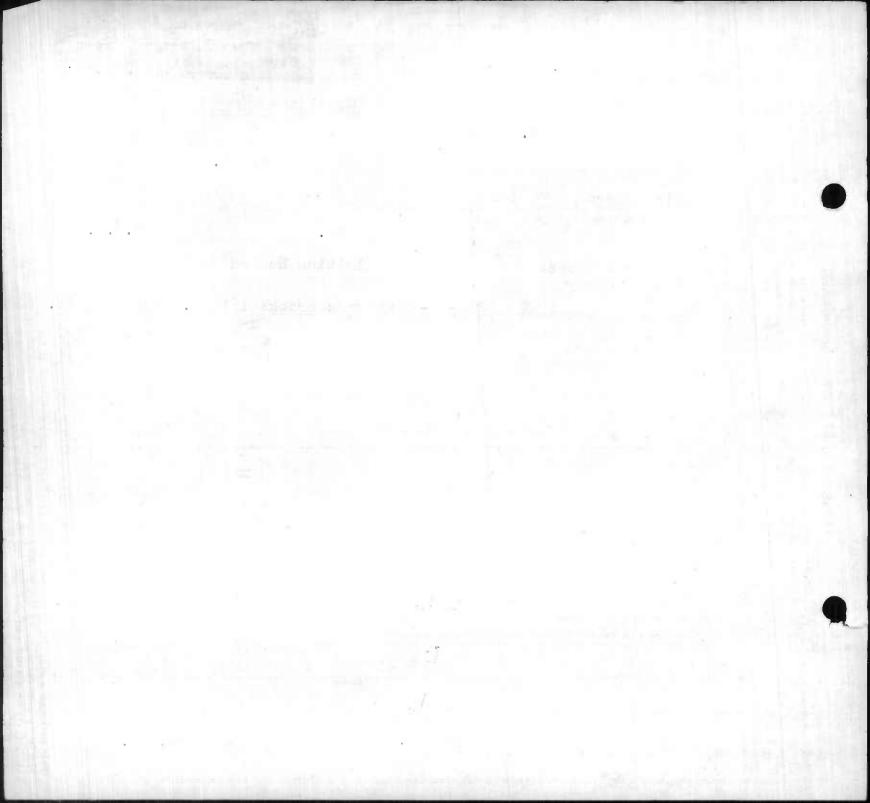
BALTIMORE C

TY HEALTH DEPARTMENT		05	0000	- 1
ATE OF DEATH	Registered Na.	65	2226	
2. DATE	AND HOUR OF DEATH		•	-
2/3	18/65	Vá	2:35	PM.
4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If in	stitution: resid	ence before odmi	ssion)
1111	Baltuno	30. (1)	1	
C. CITY OR TOWN (III	outside city limits, write	RURAL ond gi	township)	
BALTIMORE		1-03		
D. STREET ADDRESS	(If rurol, give location)	-		
433 S. Ro	BINSON ST.			
B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Months: Do	Yi. If Under 24	Hrs.
10-30-02	62	1	, , , , , , , , , , , , , , , , , , , ,	
RY 11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN	OF COUNTRY?	
Baltimana 1	14	4.5		
Baltimore, 1	IAME	4.5	-71-	
Manu La				
17. INFORMANT	UISE SANN	AF	DRESS	
77. HATOKWANI			DKESS	
Henry Schel	433 S. Ro	binson .	St. #24	
OF DEATH	C 1	INT	ERVAL BETWEEN	
Lection A.	of have	-		
ragtatie W	- of prea	5/		
	86 1 070 860 68 8 88 8 9 777 v.b. 4866 60 6 10 10 10 10 10 10 10 10 10 10 10 10 10			
	d (1	1	*************	
usectomy fo	in Ca of DI	elst	1 10 de	145
95090 +11	6-1.	11	1- 100	10
ped complete	Villary of	DSTruct	iou pos	1-0
20A. AUTOPSY? (Yes or		FINDINGS COUSES OF DEA		,
in at about 21 C WHERE DID	() in Political	60		
office bldg. INJURY OCCUR?	()I In bollimore	e City, give e	KOCT TOCORON	
21F. HOW DID I	NJURY OCCUR?			
/hile D		- 1		
Jan 15.	19 65 10 1	-eb:	28 196	5
8 19 65 and		nian death a	occurred an the	
) view the bady after deat				
, view like body diler dear	П•	23B. DATE S	IGNED	
Attending Med.	Stoff	17-7	0-65	
Phys. Director 23D. ADDRESS A	Phys	1	000	1
250. 2001235	. 1 Kan Wi	us K	adbilla	20
- The jour	ne / guin	7/	Term	
CREMATORY / 24D	LOCATION (C	ity, town, or c	ounty) (St	ole)
Cemeteru	1430 Belair R	and Ral	to My	
25C. FUNERAL DIRECT	001	S C-1	ADDRESS	
Vehander &	Leiler R. I	J. Cons	sung st.	
7000		the Public	61667	



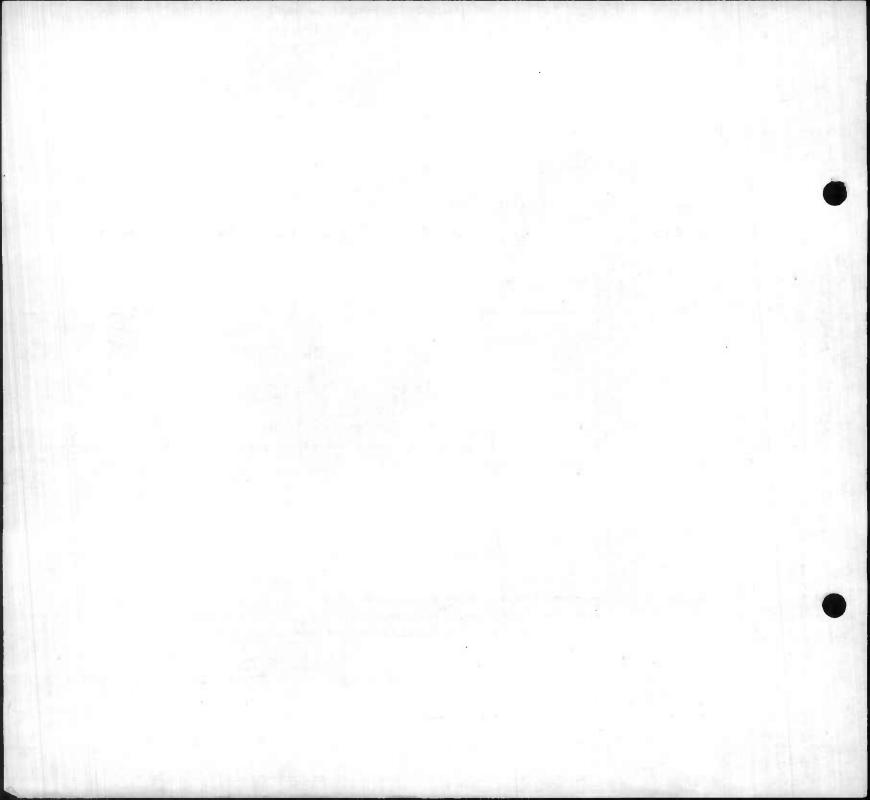
ggshio,	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the stand (6) No physician was in regular attendance on the deceased prior to death. Such obtained before the remains are embalmed or final disposition is made.
	hosp ause (5) I dance
D.	cause atten
	tribut mined gular sed p
	or conndeter in redeced
Jose	rect (4) Ur was the isposi
TAN	kind; death ce on
APOR	his assio, if any niced endar
Z: IA	er or r. Als ture o ronou ar att
FUNERAL DIRECTOR: IMPORTANT	proved by the chief medical examiner or his assistant if death occurred in the hospital by a medical examiner. Also, if the direct or contributing cany nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined causs except where the physician who pronounced death was in regular attertand (6) No physician was in regular attendance on the deceased prior tobtained before the remains are embalmed or final disposition is made.
DIRE	ical extal e
RAL	f med medicy y burn physi
FUNE	by a 2) Bod e the physic ore th
	by the spital ure; (% where (%) No   % and bef
	he hosy nat y nat xcept and (6
~	be apped to
	must lessescident hosp
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	body ws: (1) D.O.
	This the show was deco

		BALTIMORE CIT	Y HEALTH	DEPARTMENT		(5 9907
	TH NO. 65 2297	CERTIFICA	ATE O	F DEATH	Registered No	65 2297
	AME OF DECEASED			2. DATE	AND HOUR OF DEATH	H T
(Тур	LULU L. NE	LSON		Mar	ch 1, 1965	111.00 A.M.
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND				here deceased lived. If	institution: residence before admission)
		15 to	A. STATI		JNTY	111 1 3
	FULL NAME DF (II not in hospital or instit HDSPITAL DR oddress or location)	ution, give street	Ma	aryland or town (If a		RURAL ond give township)
	NSTITUTION				outside city limits, write	KUKAL ond give township)
)	508 Laurens St.			altimore	tf rural, give location)	
		4				
	4	ept lands)		08 Laure		
5. S	· WIC	RRIED, NEVER MARRIED DOWED, DIVORCED (specily) 1dowed	May	20,1888	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, Kt	ND OF BUSINESS OR INDUSTR	Y 11. BIRTH	PLACE (State or fo	reign country)	12, CITIZEN OF WHAT COUNTRY?
	e during most of working life, even if retired)			Va. n		U.S.A.
13.	FATHER'S NAME			HERS MAIDEN N		
	Aaron Hooper		Clm	itine Hu	bard	
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFO	MANT		ADDRESS
{T = 3	s, no or unknown) (If yes, give wor or dotes of se			n 1-	- 2621. N	Cmallward C+
	No			es brook	8 1014 N.	Smallwood St.
	18. 4 2 1	CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C1			14-	
	(This does not mean the made of dying,	(A) (A)	onic	m-1000	1401115	
- 1	heart failure, asthenia, etc. It means the di	seose,		400	**************************************	
	injuny or camplication which caused death.	(0)				
	ANTECEDENT CAUSES	DUE TO			0 0 <del>0 0 0 0 0 0</del> 0 0 0 0 0 0 0 0 0 0 0	·
	DISEASES OR CONDITIONS, if any,	at the second se				
	rise to the above cause (A) stating UNDERLYING CONDITION last,	the (C)				**************************************
	- 11					
N	DTHER SIGNIFICANT CONDITIONS CONTRI					
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	D THE				
0	19A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20 A.	UTOPSY? (Yes or	No 208 IF YES, WER	E FINDINGS CONSIDERED
CERTIFIC	WAS PERFORME				IN CERTIFFING C	AUSES OF DEATH?
2	21 A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g.,	in or about	21C. WHERE DID	(If in Bottime	ore City, give exact location)
A	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bidg.,	INJURY OCCUR?		
U		215 INTURY OCCURRED		21F, HOW DID II	ULUBY OCCUPY	
MEDI	OF INJURY (Month) (Doy) (Year) (House	21 E. INJURY OCCURRED White At Not Wh	:1	217. HOW DID II	AJORT OCCOR!	
-	(APPROX.)	Work At Work				
	22. I certify that (I) (this haspital) atter	ided the deceased from 12	-7-		1940 103-	1- 1965,
	that (I) (we) last saw the deceased aliv	e on 2 -11-	19	65 and	that in (my) (aur) a	pinian death accurred on the date
						printed death decorred on the date
	and haur and from the causes stated about 23A. SIGNATURE	ove. (I) (we) (did) (did not)	view the	bady after death	1.	loop Daws signiss
	23A. SIGNATURE	M.D. A	ttending	Med =	Stoff	238. DATE SIGNED
	CR. Campuell	Ph Ph	ys.	Med. Director	Phy s.	3-2-65
	23C. PHYSICIAN'S NAME (Type)		23D. ADD	RESS	Notes Charles	
	CR. Camphell	M.D	1610	West 1	Joseph Aug	2
24A	BURIAL CREMATION, 24BJ DATE	24C, NAME of CEMETERY or CI	REMATORY	24D.	LOCATION	City, town, or county) (Stote)
	REMOVAL (Specify)			1		
7	Burial 3/6/65	Church Cem.	1555		Lottsburg	
25 <b>A</b>	A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C.	FUNERAL DIRECT	1/1 /-	ADDRESS
	MAR 2 1965 (7.0. A-E.	starkey Mil	0	louse d.	alex 1340	M. lalkyw It
VS	150-REV. 1/1/65				11	



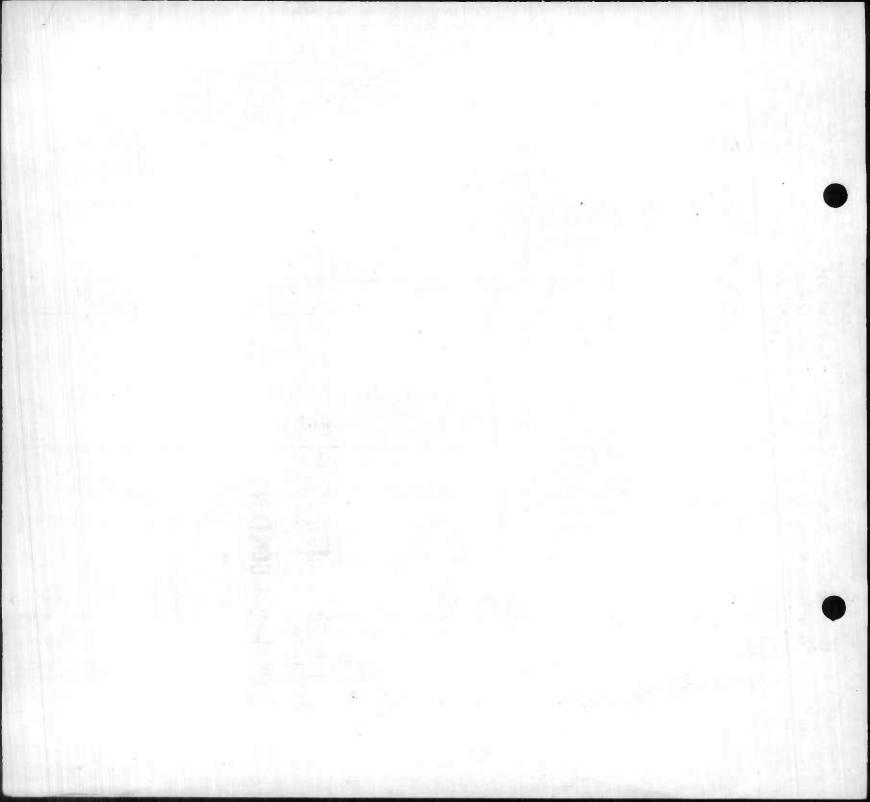
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death(shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		or 9900		BALTIMORE CITY	HEALTH DEPARTMENT		CE 0000
	H NO.	65 2298		CERTIFICA	TE OF DEATH	Registered No	60 6238
M.I	AME OF DEC	CEASED			DATE AN	ID HOUR OF DEATH	
	e or Print)		1000	-	(Prints)	1	95115
3.	PLACE OF DE	ATH IN BALTIMORE MA	RYLAND			1. 26, 196	stitution: residence before admission)
3.	TACE OF DE	ATTI IN DALIMOKE, MA	INI SAIVO		A. STATE B. COUN		stitution: residence before damission)
	FULL NAME (	OF (If not in hospital	or institution,	givo street	MARYLAND	Mar comment	1.3-01
	HOSPITAL OR	oddress or location	n) /			tside city limits, write R	(URAL ond give township)
110		nd. Com	0 /Lan	21	BALTIMOR	F	
N X	/ / /	Ma. Con	-//-	71		rurol, give locotion)	
4		3			2701 7	2-1 //	1 Din - Ten
	- FM	1/ 04.05	Ty AAAAAAA	NEWER ALABRICA	2706, //	77. 17040	
5. 5	A)	6. RACE		NEVER MARRIED ), DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	101	V	1.4-	VIED	12-10-16-91	73	
		UPATION (Give kind of world	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	ign country)	12, CITIZEN OF
don		working life, even if retired)			6	h .	WHAT COUNTRY?
	CYELL		DEPT:	STORE	PLYMOUTH.	PA	USA
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
11	PILI	1100					
15.	Was Deceased	Ever in U. S. Armed Far	rees?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Ye	, no or unknow	n) (If yes, give wor or date	s of sorvice)	SECURITY NO.	THE ORIGINAL T		ADDRESS
	No			287-03-2592	ROBERT KOBA	+ ALEXA	INNER VA
	18. LL L	63 X I		CAUSE O	F DEATH	1101200	INTERVAL BETWEEN
	DISEA	SE OR CONDITION DI	RECTLY	1	. /		ONSET AND DEATH
		LEADING TO DEATH		Asa	sing town Ilm	lun mai	30 mana la
		not mean the mode of		DUE TO	The state of the s	- COLOR	
		asthenia, etc. It meons		0	1	1 1	
	, ,			m (Oro)	Vires - nouscul	on Hearly	In Large
		ANTECEDENT CAUSES		DUE TO /	K		
		OR CONDITIONS, if		14	1 - f	1. 11. 1	
		e obove cause (A) G CONDITION last.	staling the	(C) //2//	Marcas - Jest Care	car-hardens	and the second
100	ONDEREIN	o condition last.		1./		clipsen	
7							
ATIO	TO THE D	DEATH BUT NOT RELA	ATED TO TH	E .			
		CONDITION CAUSING				*	
F	19A. DATE OF	F OPERATION 198. CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Yos or No	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
CERTIFIC	9						
U	OR CONTRIB	NT WAS UNDERLYING TO	218.	PLACE OF INJURY (e.g., in	ffice bldg., INJURY OCCUR?	(If in Boltimoro	City, give exect location)
A	DEATH (notify	modical examiner	etc.)		mee orage, mookin occor.		
EDIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	Hay Occiles	
N N	OF INJURY	www.		le At Not While		OKI OCCOR:	
-	(APPROX.)		Wo	k At Work	° 📙		
	22. I certify	the ID this lamite	- ottended ti	he deceased from	21-26	19 65 ta	Let 26 19 65
				4/11			
		lost sow the decease		/		of in (my)opi	nion death accurred an the date
11	ond hour on	d from the couses sta	ted above. (I	v (ton-bib) (bib) (it) (	riew the body after death.		
	23A. SIGNATI	URE /	11 /	1//			238. DATE SIGNED
		Lem let la	1/4	M.D. And	onding Med.	Stoff Phys.	2/26/60
	23 C. PHYSICIA	De est	1/4/	Phy		Phys.	1 1 1 2
	NAME (	Typol	49/11	11.	23D. ADDRESS	- 1/	
		Crerold	14.1/40	othin M.D.	Md. Flow	& Itoms	
244	BURIAL CRE	MATION, 24B. DATE	24C. NA	ME OF CEMETERY OF CRE	MATORY 24D. L	OCATION (Cit	y, town, or county) (Stote)
1	REMOVAL	Specify)	-	, -			
	REMA	+10N 3r2- 6	N 40	UDON PARI	K BA	12+IMORE-	Md
2S A	DATE REC'D	BY HEALTH DEPT.	25 B. NAME C	REGISTRARY FALL	25C. FUNERAL DIRECTOR		ADDRESS
	1	MAR 2 1965 (	Lover	C' danson w	Dack line	· ct	DIASE TO THE
1/5	150-REV 1/1/	24			The state of the s	- C	NOOG WILLING



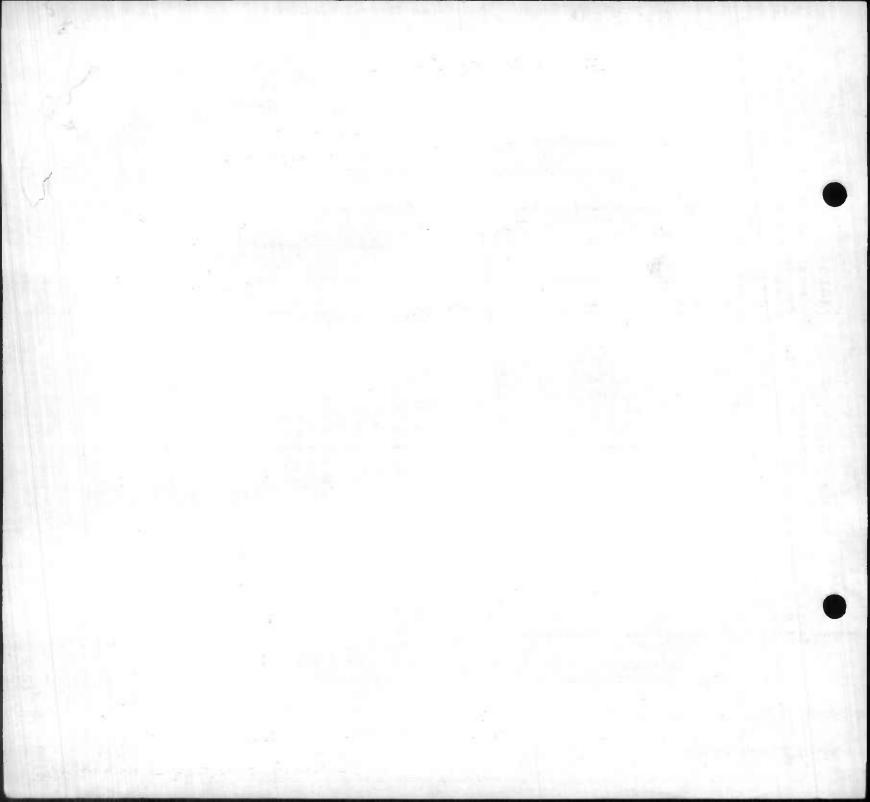
. (	0	2	0	0	٩	
	an a	ear	ase	ŧ	Suc	
	tal	-	909	0	÷	
	Spi	0 (	0	nce	eat	
	ho	OSO	(0)	qui	P	
	0	0	USE	ten	1 +	1
	ъ.	B .	00	at	rio	0
	rre	חמ	Dec	ar	70	ade
	1000	TT.	Ē	egu	356	E
	h	0	ete	n r	9006	n uc
	Del	0	Jud	S	P	sitio
	#	120	4)	3	the	bog
Z	=		0	t.	uo	P
IA	isto	9	KIN	dec	95	nal
OR	ass o	-	ny	Pe	dan	or fi
AP	his	20,	24 0	Juc	end	P
=	0	4	4	nor	att	E
FUNERAL DIRECTOR: IMPORTANT	ner	9.	つち	pro	ar	pqu
2	Ē.	Ε,	tra	9	nße	9
EC	0 X G	DX.	4	3	re	are
K	0.	<b>•</b> ;	E	Idn	Sir	ins
4	ipe	200	Jrns	sic	NO.	ma
RA	E	Ē.	ğ	phy	an	9 16
Z	hie	0	pog	he	Sici	th
5	9 -	2	2)	+ 0.	phy	ore
	+	10	) :6	her	9	bef
	Q	Spi	tur	3 +	9	pe
	NO.	-	2	Cep	P	hair
	pro	1	any	Xe)	0	opi
	D .	9,	010	0	rh)	pe
	t p	200	ent	spir	lea	USt
	E .	9	DIO	ho	10 0	=
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the affect of contributing cause of dearn	shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	fica	× .	A	A	pri	ppr
	erti	S C	=	0	sed	0 4
	S C	00	SMC	IS D	003	itte
	Th.	The	shc	M	de	*

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ROBERT E. FREY February 25, 1965 eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. FULL NAME OF (If not in hospital or institution, give street O HOSPITAL OR oddress or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township) 10 INSTITUTION Baltimore ular atte D. STREET ADDRESS (If rural, give lacation) 4100 Southern Ave. 4100 Southern Ave. 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. 5. SEX 6. RACE WIDOWED, DIVORCED (specify) Hours 88 Male Widowed 3-7-76 Cauc. 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of warking file, even if retired) USA Pennsylvania Moulder Iron & Steel 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME Finanuel Frey 15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (Iff yes, give war or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. Arthur Frey 4100 Southern Ave. 21206 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl foilure, osthenio, etc. Il means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) storing the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ICATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, loctory, street, affice bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (natify medical examiner) etc.) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Nat While Whife At (APPROX) At Work Wark 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an... and that In(my) (aur) opinion death occurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 23B, DATE SIGNED 23A. SIGNATUR Attending Med. Staff Director Phys. Phys. L 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) 2108 St. Paul Street Homer U. Todd deceased pr written app 24A, BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) Moreland Memorial Park 3-1-65 Balto. Co., Md. Burial 258. NAME OF REGISTRAND 25A, DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home Baltimore, Md. 70

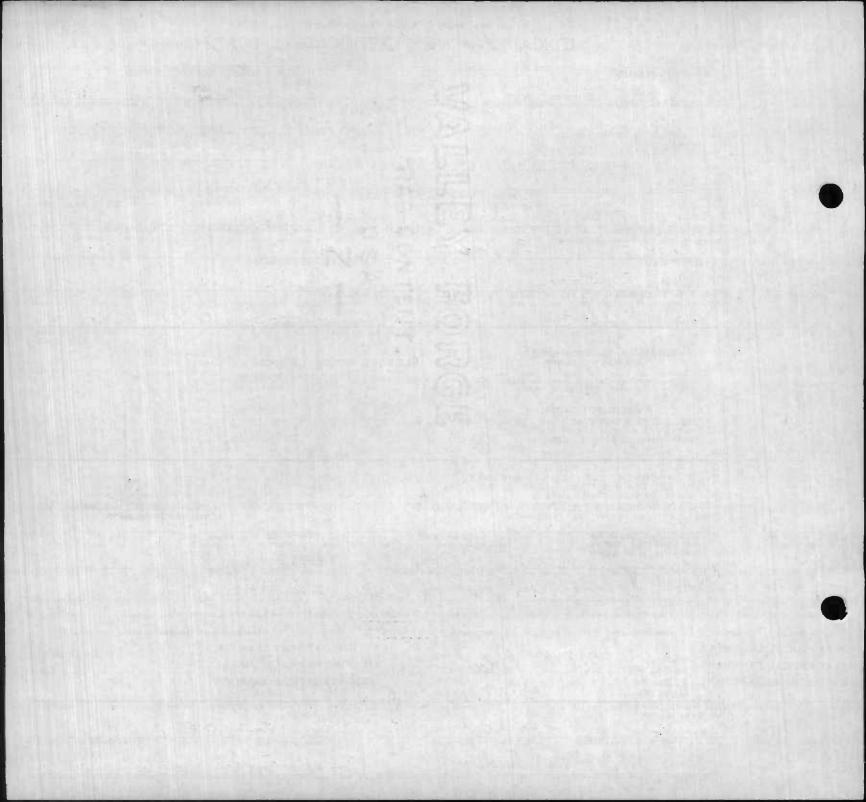


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased ( was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	65 2300	BALTIMORE CITY	HEALTH DEPARTMENT		CF ODO	
BIRT	H NO. Edwin Oliver	CERTIFICA	TE OF DEATH	Registered No	. 65 2300	
M.E.	AME OF DECEASED	2431AD	2. DATE	AND HOUR OF DEATH	H 805	
(Тур	e or Print) LowIN	OLIVER LYSTA	90 3-1	1-65	1 8 d m M.	
3. P	LACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (WA. STATE B. CO.	UNTY	institution: residence before admission)	
H	ULL NAME OF (If not in hospital or in OSPITAL OR oddress or location)	stitution, give street	C. CITY OR TOWN		e RURAL and give township)	
14	OSPITAL FOR THE	WOHEN OF	DONDALK D. STREET ADDRESS	(If rural, give location)	53-00	
	, , ,	RYCANO	1720 RITA			
5. SI		MARRIED NEVER MARRIED WIDOWED DIVORCED (specify)	1/31 / 18 97	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	USUAL OCCUPATION (Give kind of work 108, during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	sreign country)	12. CITIZEN OF WHAT COUNTRY?	
1 A //	WWALKER RETIRED	JIEEL	MINN.		11.5	
13. F	TATHER'S NAME		14. MOTHER'S MAIDEN N	AME	1 40.	
	OLE LYS		Nor K	Nows		
(Yes	Vos Deceosed Ever in U. S. Armed Forces? ,no or unknown) III yes, give wor or dotes of	service) 16. SOCIAL SECURITY NO. 213-09-09-09	17. INFORMANT	LINDA PA 1732 LESL	CURER ADDRESS	
	18. 420.1	CAUSE OF	DEATH	· John west	INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECT	TLY	1	01	ONSET AND DEATH	
	LEADING TO DEATH (This does not mean the mode of dyi	(A)	procardial	onfaithen	2	
	hearl foilure, osthenia, etc. It means the	diseose,				
	ANTECEDENT CAUSES (B) AS WD, massine anterosteptal.					
	DISEASES OR CONDITIONS, if ony,	DUE TO	/			
	rise to the obove couse (A) stating the (C) UNDERLYING CONDITION tost.					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Work gasliserbestral bleedings, Jurisine .					
CA	DISEASE OR CONDITION CAUSING IT.	ON FOR WHICH OPERATION		Nol 208. IF GES. WER	E FINDINGS CONSIDERED	
ERTIFIC	WAS PERFORM			IN CERTIFYING C	AUSES OF DEATH?	
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(II in Boltimo	ore City, give exact location)	
10	O 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
	OF INJURY (APPROX.)					
	22. I certify that (I) (this hospital) attended the deceased from 2-22 1965 to 3-/ 1965,					
	that (I) (we) last saw the deceased a	3 /2/1			pinian death accurred an the date	
	and haur and from the causes stated				primari destili decolled dil file dale	
II L	22A SIGNIATURE		The body offer death		23B, DATE SIGNED	
	Jugets a. J	Sharing M.D. Atte	nding Med. Director	Stoff Phys.	3-1-65	
	23 C. PHYSICIA PS	ACID M.D.	23D. ADDRESS	Bosh to	Bres 17 has	
24A.	BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE		LOCATION	City, town, or county) (State)	
02	REMOVAL (Specily)  REMATION 3-4-65	GREEN MOUNT C	P	BALTIMORE, I	MD.	
25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGUSTRAR 25C. FUNERAL DIRECTOR ADDRESS						
	MAR 2 1965 ()	beilt E. talley M.A.	ULLRICH FU	WERAL Home	DUNDALK, MD.	
VS 1	50-REV. 1/1/65					



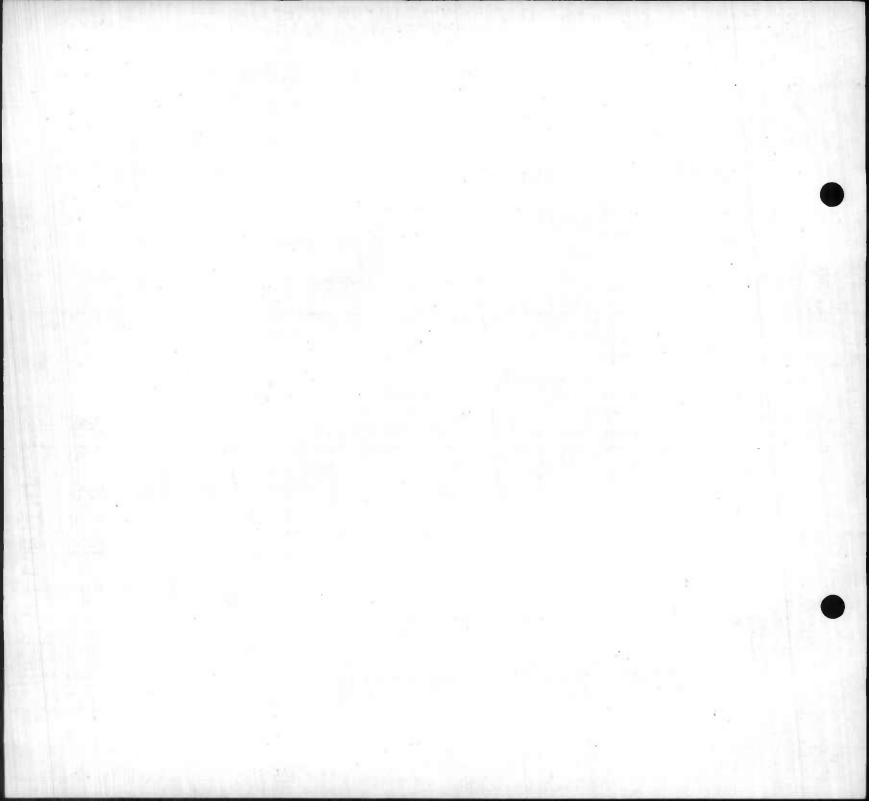
B.630	65 2301  BIRTH NO.  MEDICAL EXAMINER'S CER	DEPARTMENT 65 2301 RTIFICATE OF DEATH Registered No.				
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD				
	(Type or Print) WILLIAM BEARD	February 25, 1965 9:50 P.M.				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)				
		Maryland CITY OR TOWN (If outside carparate limits, write RURAL and give township)				
4	MARYLAND GENERAL HOSPITAL	Baltimore D. STREET ADDRESS (If rurol, give locotion) 6801 Mornington Road				
		DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.				
	Male White WIDOWED, DIVORCED(Specify)	9 Dec. 1897 last birthdoyl Manths Doys Haurs Min.				
	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11.					
	done during most of working life, even if retired)	WHAT COUNTRY?				
A STORY		MOTHER'S MAIDEN NAME				
	WM E. BEARS					
	0.1.2	MITTIE I. LUCE INFORMANT ADDRESS				
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.					
	YES WWI 2 212-05-6416 V	REGINIAM, BEARD, 6801 MORNINGTON RO, (22)				
	IB. CAUSE O	F DEATH INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY					
	LEADING TO DEATH Gunshot wound of head					
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenio, etc. It means the disease,					
	injury or complication which coused death.)					
	ANTECENDENT CAUSES					
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO					
	UNDERLYING CONDITION LAST.					
	(C)					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
	TO THE DEATH BUT NOT RELATED TO THE					
	E DISEASE OR CONDITION CAUSING II.	20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED				
	WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH?				
	ZIA, EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g., in o	or about 21C, WHERE DID (If in Baltimore City, give exact lacation)				
	UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH.  Home, farm, foctory, street, officetc.					
	Home	6801 Mornington Road				
	OF INJURY P					
	(APPROX.) 2 25 65 4:35 m. WHILE AT NOT WHAT WORK	Shot self in head				
	22. I certify that I held an Inquiry Inspection Autopsyx and that an this basis, death in my apinion					
	resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner					
	CHIEF MEDICAL EXAMINER					
	ACTUAL / T //	DATESIGNED				
		SSISTANT MEDICAL EXAMINERS				
	1122	SSOCIATE MEDICAL EXAMINER 2-26-65				
	NAME (Type)  John E. Adams, M.D.  23A. BURIAL CREMATION, 23B. DATE  23C. NAME of CEMETERY or CREMATORY  23D. LOCATION (City, town, or county) (State)					
	REMOVAL (Specify)					
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS				
	MAR 2 1965 Robert E. Farkey M.A.	ULLRICH FOURTH HOME, DUNDALK, MD.				
	VS 151-REV. 1/1/65					



Registered Na. BIRTH NO. CERTIFICATE OF DEATH pital and of death the Such Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital Lawrence Burton Dillon eb /65eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; rasidence before admission) ance B. COUNTY (2) Maryland cause FULL NAME OF (If not in haspital or instilution, give street 7 HOSPITAL OR oddrass or lacotion C. CITY OR TOWN (If outside city limits, write RURAL and give township) Undetermined cause; attend 0 8 Baltimore
DRESS (If rurol, give locotion) prior contributing D. STREET ADDRESS 1718 East 28th St occurred made. 7718 regular 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours 5. SEX 6. RACE If Under 1 Yr. If Undar 24 Hrs. eceased Manths: Doys WIDOWED, DIVORCED (specify) last birthday) Hours male white Male White married May 13 1881 83

10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF death WHAT COUNTRY? disposition = dane during most of wasking life, even if retired) Salesman ret Penna Was the 13. FATHERS NAME 4. MOTHER'S MAIDEN NAME direct 4 assistant death LO 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, na ar unknawn) (If yas, give war ar dotas af sarvice) final SECURITY NO. attendance Burton C Dillon Baldwin Maryland No any CAUSE OF DEATH INTERVAL BETWEEN pronounced 10 ONSET AND DEATH or his Also, DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, the chief medical examiner examiner. regular injury or camplication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, (3) to the above cause (A) stating the = physician the remains UNDERLYING CONDITION last. medical burns; physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (a.g., in or about 21C. WHERE DtD homa, form, foctary, straet, affice bldg., INJURY OCCUR? (2) (If in Baltimore City, giva exact lacotion) where to the hospital ° MEDICAL DEATH (notify madical examine) etc.) nature; 21 D. TIME obtained (Month) (Day) (Year) (Haur) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except Nat While While At (APPROX) Wark At Wark and any 22. I certify that (I) (this hospital) attended the deceased fram 99 that (1) (me) last sow the deceased alive an ... I and that in (my) (euz) apinian death accurred an the date of death) 0 the body was released hospite and hour and fram the causes stoted abave. (1) (We) (did) (did-net) view the bady after death. must An accident 23A. SIGNATURE 23B, DATE SIGNED certificate must Attending X Staff M.D. Med. 0 Diractor approval Phys. 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Typo) 2 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 4D. LOCATION eceased o shows: Ö 3-2-65 Meadow Ridge Memorial Park Elkridge, Was 258. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR Ullrich Funeral Home Baltimore. Md. VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 55 and cause of death Undetermined cause; (5) Deceased Such 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 0 ADDIE V. SHOOP 24 February, 1965 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE B. COUNTY eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township attend INSTITUTION 2 Baltimore prior D. STREET ADDRESS (If rurol, give location) contributing 4507 Mannasota Ave. occurred 4507 Mannasota Ave. regular B. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 24 Hrs. 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. Months: Days 5. SEX WIDOWED, DIVORCED (specify) Hours Female 73 widowed 22 May, 1891 Caucasian 12. CITIZEN OF 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY? done during most of working life, even if retired) \_ at home U.S.A. Maryland ਰ MOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the 4 Jennie Slick unknown 5 death kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT final (Yes, no or unknown)(If yes, give war or dates of service) SECURITY NO. auce John F. Shoop, 6605 Burgrss St. Wash., D.C. any CAUSE OF DEATH 0 attend ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ot LEADING TO DEATH (This does not meon the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, examiner 9 injury or complication which caused death.) agu ANTECEDENT CAUSES ho are DISEASES OR CONDITIONS, if any, giving 3 rise to the above cause (A) stating the physician the remains UNDERLYING CONDITION IOSI. the chief medical burns; MOS ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 0 CERTIF WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 3 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF to the hospital °Z etc.) DEATH (notify medical examined nature; MEDIC/ obtained (Month) (Doy) (Year) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX) Work and AT WASH any 22. I certify that (I) (this hospital) attended the deceased fram pe that (1) (we) last saw the deceased alive on T ....ond that in (my) (aur) apinion death occurred an the date of hospital eat and hadrand from the causes stated above. (1) (We) (did) (did not) view the bady after death. he body was released must accident 238. DATE SIGNED O Attending Z Stoff Med. 0 Director \_ Phy s. approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior ŧ NAME (Type) An M.D. G. M. Baumgardner 8552 Philadelphia Rd. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY ased (City, town, or county) o REMOVAL (Specify) shows: Ö Jerusalem Cemetery Baltimore. Was 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home, Baltimore, Md. VS 150-REV. 1/1/65

CHOICE by Spanism Enteurolustis Cont. " Wasterlan teamore atterdaying Feel Bearletin Museur gardari. This certificate must be approved by the chief medical examiner

the body was released to the hospital by

Such

death.

prior

written approval must be obtained before the remains are embalmed or final disposition is made.

and (6) No physician was in regular attendance on

who

where the physician

(except

at a hospital

was D.O.A.

shows: (1) An accident

deceased prior to death);

of any nature; (2) Body

on the

attendance 10

regular deceased

MOS

death

fracture of

medical

0

cause of death

in a hospital and

(4) Undetermined cause; (5) Deceased

or contributing

or his assistant if death occurred

	BALTIMORE CIT	Y HEALTH DEPARTMENT	OF C		
BIRTH NO. 65 2304	CERTIFICA	ATE OF DEATH Registered No.	65 2304		
1. NAME OF DECEASED	RRY	2. DATE AND HOUR OF DEATH February 28, 19			
3. PLACE OF DEATH IN BALTIMORE, MAR	YLAND r institution, give street	A. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  A. STATE  Md.  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rural, give location)  4211 Stanwood Avenue			
5. SEX 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday) 86	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Bookkeeper		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
Henry A. Booth		Francis Harris			
15. Was Deceased Ever in U. S. Armed Forc (Yes, no or unknown) (II yes, give wor or dotes		17. INFORMANT Mildred Valentine 4211 Sta	address anwood Ave 21206		
DISEASE OR CONDITION DIR  LEADING TO DEATH  (This does not meon the mode of heart foilure, astherio, etc. If means injury or complication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or ise to the above cause (A) UNDERLYING CONDITION lost.	dying, e.g., DUE TO  dying, e.g., DUE TO  (a) (A) (C)  DUE TO  A)  DUE TO	OF DEATH  Congestive Heart Failure  rteriosclerotic Heart Diseas	INTERVAL BETWEEN ONSET AND DEATH		

Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFICATION

19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined (Month) (Doy) (Yeor)

21E INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

MEDICAL 21 D. TIME OF INJURY (APPROX)

(Hour)

Not While While At At Work Work 22. I certify that (I) (this hospital) attended the deceased fram

Feb. 165 65 and that in (my) (aur) apinian death accurred an the date

Feb. that (1) (we) last saw the deceased alive an and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.

23B. DATE SIGNED

(Il in Boltimore City, give exact location)

23A. SIGNATURE asse

Attending Phys. M.D. 23D. ADDRESS

21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR?

Stoff Phys.

2/28/65

23C. PHYSICIAN'S NAME (Type) Salvador Marse!

M.D

24C. NAME of CEMETERY OF CREMATORY

Caroline 24D. LOCATION

(Stote) town, or county)

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) Burial 3-3-65

Baltimore

Baltimore, Md.

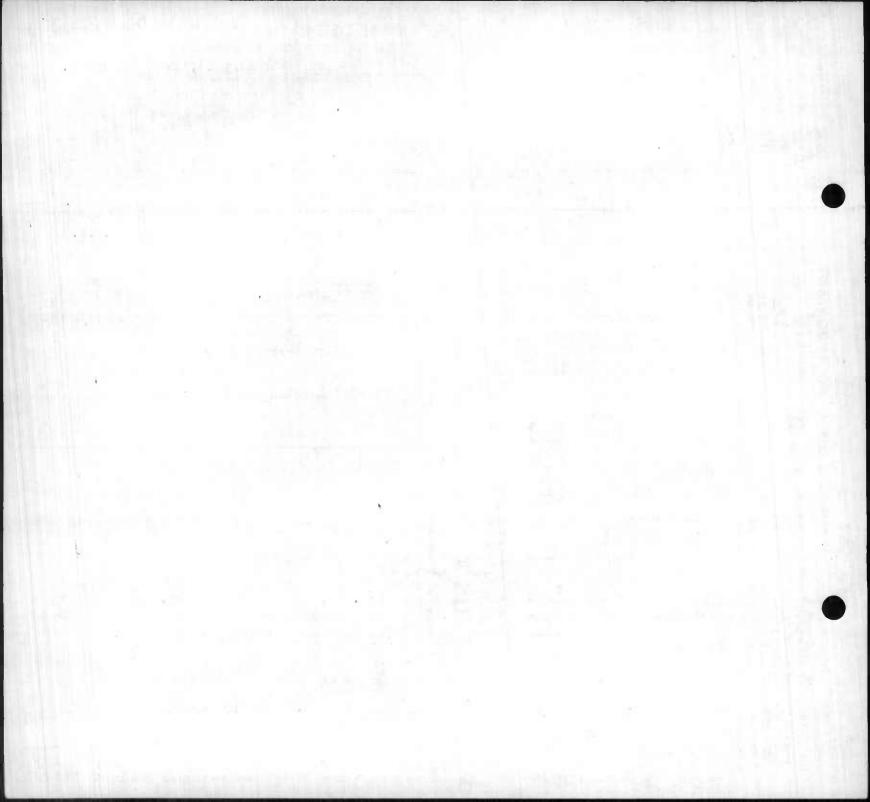
258, NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

25C. FUNERAL DIRECTOR

Med. Director

ADDRESS

VS 150-REV. 1/1/65



hospital death. ance (5) cause attend canse; 0 prior contributing Undetermined 6 regular mad deceased 2 disposition death 2 ō 90 the direct 4 assistant death 0 IMPORTAN kind; final attendance any pronounced 0 50, med of fracture embal DIRECTOR: aminer. ō gu ho 70 are 3 physician remains chief medical Was medical burns; FUNERAL physician the (2) Body the O before the where the hospital °Z nature; obtained 9 approved (except pup any 99 of eath) hospital must accident D 40 approval 0 prior Was to o An eceased D.0. the body written shows:

Was

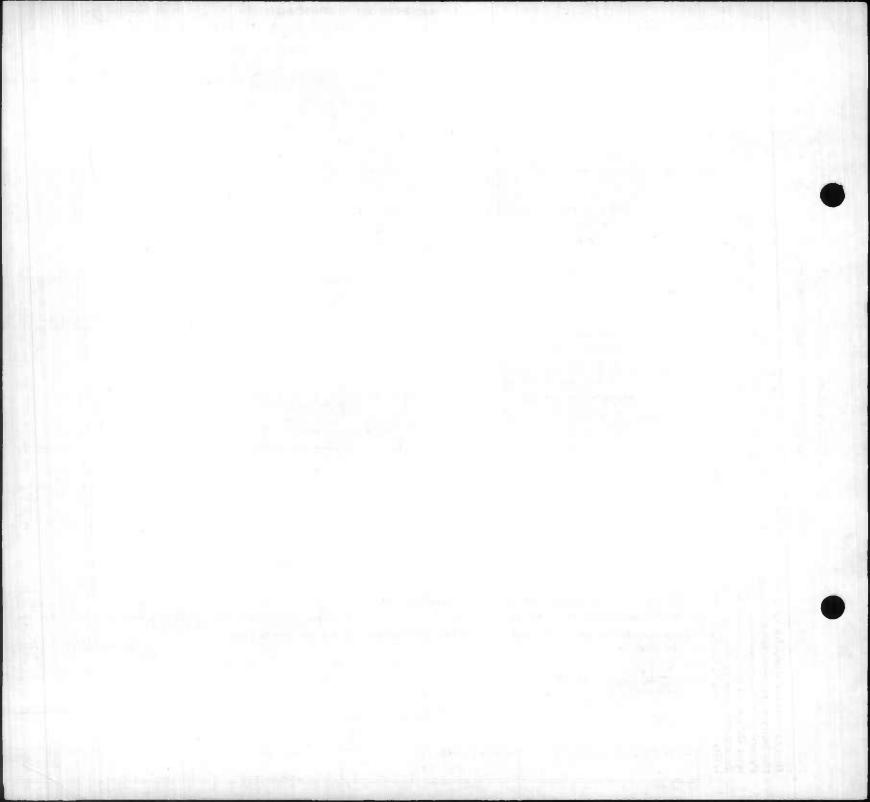
TO

Deceased

Such

HO

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. ERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED DATE AND HOUR OF DEATH (Type of Print) 3. PLACE OF DEATH IN BALTIMORE 4. USUAL RESIDENCE (Where deceased lived. If institution: résidence before admissign) A. STATE B. COUNTY FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR address or location) OR TOWN (If autside city limits, write RURAL and give tawnshi INSTITUTION D. STREET (II rurol, 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Un Months Days Hours 6. RACE II Under 24 Hrs. WIDOWED, DIVORCED (specify) last birthdayl IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY Y1. BIRTHFLACE (State as fareign country 12. CITIZEN OF done during/mest al warking lile/ even if retired) WHAT COUNTRY? truseu 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15, Was Deceased Ever in U. S. Armed Farces ADDRESS 6. SOCIAL 17 INFORMAN (Yes, na or unknown) (If yes, give wor ar dates at service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in at about 21 C. WHERE DID (If in Boltimore City, give exact lacation) OR CONTRIBUTING CAUSE OF home, form, loctory, street, affice bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At War 22. I certify that (1) (this hospital) attended the deceased fram 19 61 that (1) (we) last saw the deceased alive an and that in(my) (aur) opinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death, 23A. SIGNATURE 23B. DATE SIGNED Med. Attending Stall Phys. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) DATE 24A. BURIAL CREMATION, 24B. CREMATORY 24D. LOCATION town, or county) REMOVAL (Specily) 25A. DATE REC'D BY HEALTH DEPT 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTO ADDRESS VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT 65 2306 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) 11:10 P.M. ALBERT 2-28-65 WET.I.S. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY
Maryland 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore BALTIMORE CITY HOSPITAL - DOA D. STREET ADDRESS (If rurol, give locotion) 3433 Leverton Avenue 21224 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 5. SEX WIDOWED, DIVORCED (specify) Months | Doys | Hours . Male White 10A, USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Guard - retired Unknown Unknown 17. INFORMANT ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no or unknown), (If yes, give wor or dotes of service) No 01 2673 Mrs Albert Wells 3433 Leverton Ave. 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUF TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFIC DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119R. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED CAL 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) home, form, factory, street, office bldg., NJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UTING CAUSE OF DEATH. MEDI 21D TIME 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED (Month) (Dov) (Yeor) OF INJURY (APPROX.) m. WHILE AT NOT WHILE 22. Autopsy I certify that I held on Inquiry Inspection ... ond that on this bosis, death in my opinion Suicide Homicide Undetermined monner

resulted from: Notural couses y Accident

CHIEF MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER

23D. LOCATION

DATE SIGNED

SIGNATURE EXAMINER'S PETER W. RICKERT, M.D. NAME (Type)

ASSOCIATE MEDICAL EXAMINER

3 - 1 - 65

23A. BURIAL CREMATION. 23B. DATE 23C. NAME of CEMETERY or CREMATORY REMOVAL (Specify)

24C. FUNERAL DIRECTOR timore, Md.

(City, town, or county)

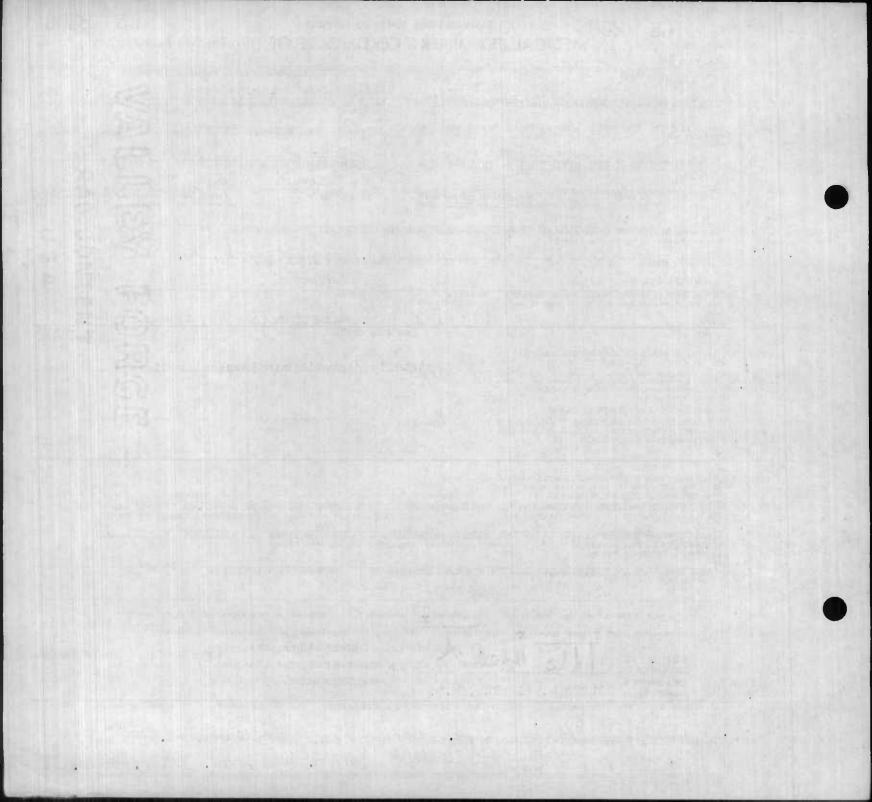
(Stote)

248, NAME OF REGISTRAR armel 1965 Robert E. Farker M.A.

John A. Moran, Inc. 3000 E. Balto. St

VS 151-REV. 1/1/65

ACTUAL



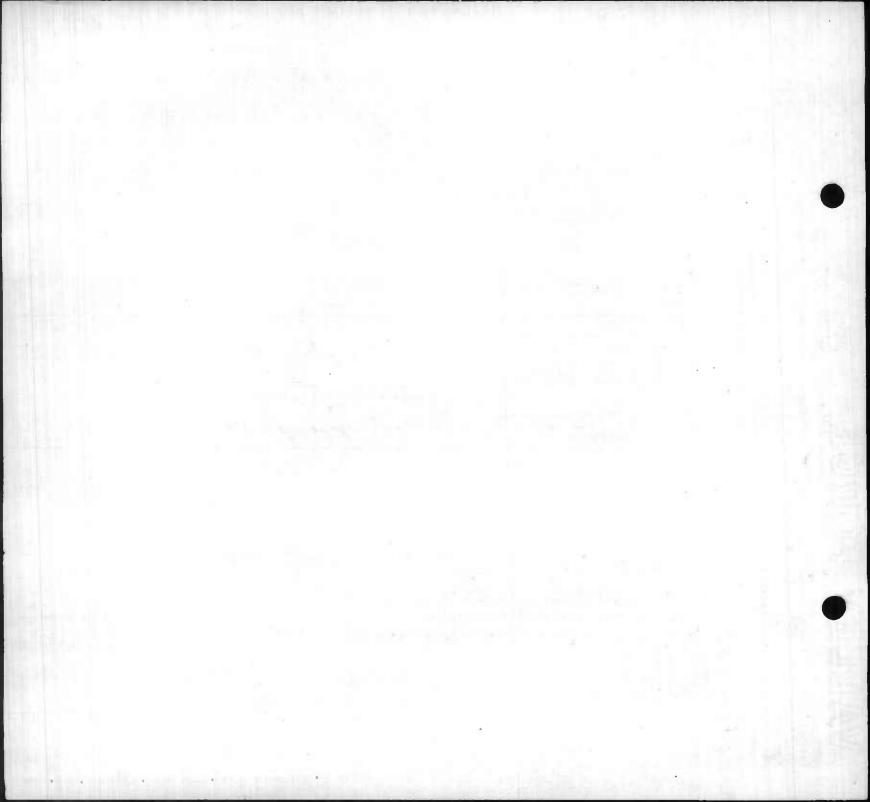
20	-	~	1	$\cap$	- }	
	d in a hospital and	ing cause of death	cause; (5) Deceased	attendance on the	rior to death. Such	3
	is assistant if death occurre	b, if the direct or contribu	any kind; (4) Undetermine	nced death was in regular	; and (6) No physician was in regular attendance on the deceased prior to death. Such	d or final disposition is mad
	chief medical examiner or h	r a medical examiner. Also	Body burns; (3) A fracture of	the physician who pronoul	ysician was in regular atte	e the remains are embalmed
	this corrificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No ph	written approval must be obtained before the remains are embalmed or final disposition is made.
	Ē	+	S	3	ŏ	3

			BALTIMORE CITY	HEALTH DEPARTMENT		05 0000
BIRTH NO. 6	5 2308		CERTIFICA	TE OF DEATH	Registered No.	65 2308
NAME OF DEC	CEASED TY			2. DATE	AND HOUR OF DEATH	
Type or Print)	Ruth Nonn			Febr	uary 26, 196	5 1 5 P
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residence before admission)
				A. STATE B. COI	UNTY	11101
FULL NAME O	OF (If not in hospital address or location		grve street	Maryland	autoida eita limita uuda	RUPAL and give fownship)
INSTITUTION			Hospitals		outside city limits, wire	KOJAL ona give townsnip)
7	4940 East	-	_	Baltimore D. STREET ADDRESS	(If ruiol, give location)	
	Baltimore					The A
SEX	6. RACE	-	NEVER MARRIED	1631 Park Av	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Female	White	WIDOWE	D, DIVORCED (specily)	8-21-84	lost birthdoyl	Months Days Hours Min.
		108. KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Id	oreign country)	12. CITIZEN OF WHAT COUNTRY?
House	working life, even if retired)			Maryland		USA
FATHER'S NA				14. MOTHERS MAIDEN N	IAME	OOA
				D 11 03		
	les H. Pomero		11 ( 20 0) 11	Ruth Clemen	TS	ADDRESS
es, no or unknow	d Ever in U. S. Anned For n) (If yes, give wor or date	s of service)	SECURITY NO.	The second secon	163	1 Park Avenue
No	None		218-09-0464	Mrs. Lillian	McDorman Bal	timore, Md. 21217
18. 33	4X01-26	OX	CAUSE O	F DEATH		onset and death approximately
DISEA	SEOR CONDITION DIE	RECTLY				
(This does	not mean the mode of	dvina e a		sis		2 weeks
heart failure,	, asthenia, etc. It means	the disease,				11-11-12-12-12-12-12-12-12-12-12-12-12-1
fulnth of cor	mplication which caused		Dec	ubitus Ulcers		1 month
	ANTECEDENT CAUSES		DUE TO		0 11 0 12 12 12 12 12 12 12 12 12 12 12 12 12	
	OR CONDITIONS, if		Str	oke and Diabet	0.5	2 months
	G CONDITION last.	siding ine	(C) SUI	oke and brabe	<u> </u>	~ monons
	11					
OTHER SIGN	ILIFICANT CONDITIONS C					
TO THE D	DEATH BUT NOT RELA		1E			
		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or Yes	No. 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDI	ENT WAS UNDERLYING	7 [216	PLACE OF INTURY (e.g., i	n or obout 21 C. WHERE DID		ie City, give exact lacotion)
OR CONTRIB	ENT WAS UNDERLYING TO CAUSE OF y medical examiner)	hor	ne, lorm, factory, street, o	ffice bldg., INJURY OCCUR?	(11 11 2011110	on, greener localion
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hous) 216	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
OF INJURY			nile At Not While			
		W				2 2/
22. I certify	y that (1) (this hospital	l) ottended t	1	1-16	19 65 to	2-26 19 65
that (I) (we	) lost saw the decease	ed alive on	•2-26	19 65 ond	that in (my) (our) op	inion deoth occurred on the dat
ond hour or	nd from the couses sta	ted above. (	1) (We) (did) (did not) \	lew the body ofter deat	h.	
23A. SIGNAT	URE MAA	0.				23B. DATE SIGNED
	.01.	Clear	M.D. Atte	ending Med. Director	Stoff Phys.	2-26-65
23C. PHYSICI	AN'S			23D. ADDRESS	111/ 30 (111)	
NAME (	Type)	00 00000	M.D.	1010 Test A	107	227
4A BURIAL CO	Dr. Dougla			4940 Eastern A		221,
4A. BURIAL CR	EMATION, 24B. DATE (Specify)	24C. N	AME of CEMETERY of CR	EMATURT 24D.	LOCATION (C	City, lawn, or county) (State)
Buria	3/2/19	55	Lorraine Park	Cemeters W	Toodlawn, Mar	yland
SA. DATE REC'I	BY HEALTH DEPT.	258. NAME	OF REGASTRAR	25C. FUNERAL DIRECT		thinous med. 17
1	MAR 2 1965	Relient	E. Farber M. a	wal Dich	ind Sono me	the Par wenne
/S 150-REV. 1/1	/65			and the country	The state of the s	

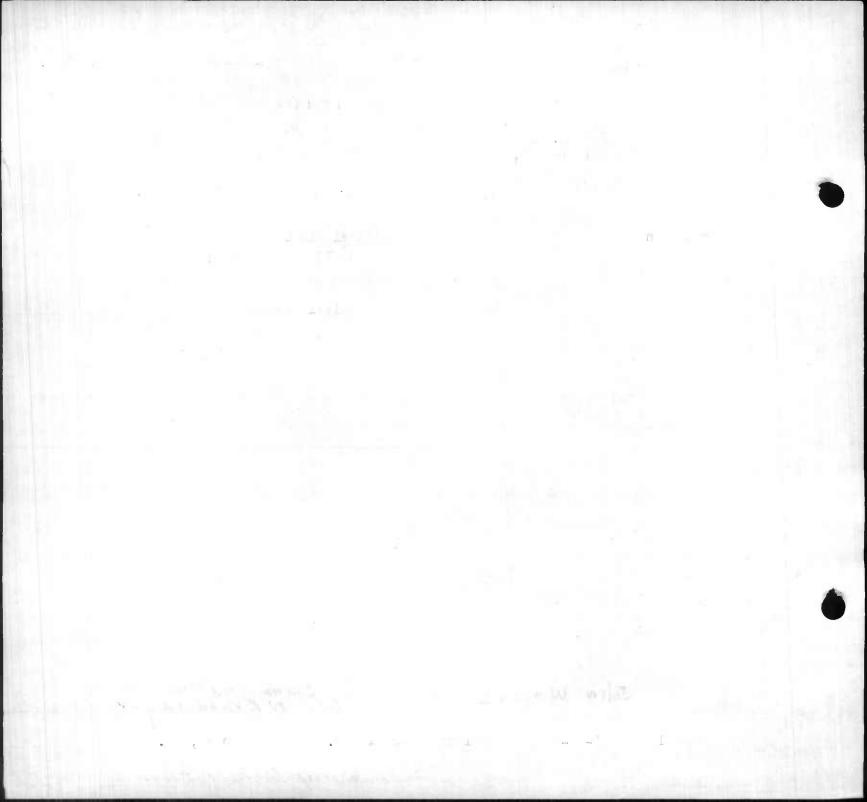


	or contributed or con
IMPORTANT	or his assistant if de Also, if the direct re of any kind; (4) U nounced death was attendance on the Imed or final disposi
FUNERAL DIRECTOR: IMPORTANT	the chief medical examiner. al by a medical examiner. ; (2) Body burns; (3) A fracturere the physician who proto physician was in regular sefore the remains are emba
	This certificate must be approved by the chief medical examiner or his assistant if death occurre the body was released to the hospital by a medical examiner. Also, if the direct or contribushows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undeterminer was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased pwritten approval must be obtained before the remains are embalmed or final disposition is made

	40-21700 65-2307	BALTIMORE CITY	HEALTH DEPARTMENT		DE DOS
	1110: 00 12001	CERTIFICA	TE OF DEATH	Registered No	65 230
1, N	AME OF DECEASED PALLANCK,	204	28 F	HOUR OF DEATH	7.50
3.	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	deceased lived. If ins	stitution: residence before
	FULL NAME OF (If not in hospital or institution, given the state of th	re street	C. CITY OR TOWN (If outsi	de city timits, wile R	URAL and give township)
	NSTITUTION  UNION MEMORIAL HOSPI'	CD A T	BALTITION	RE, 18	
	ONION MEMORIAL HOSPI	IAL		ral, give location)  6/110 Av	15
5. :	WIDOWED,	DIVORCED (specify)	8. DATE OF BIRTH 9.	AGE (In years st birthday)	If Under 1 Yr. If Und Manths Days Haurs
	USUAL OCCUPATION (Give kind of work 108, KIND OF Bleduring most of working (ife, even if retired)		Δ.		12. CITIZEN OF WHAT COUNTRY?
	NIL		BALTIT		U S.7
13.	ROBERT A. PALLITINE	2	14. MOTHERS MAIDEN NAM		
15. (Ye		6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	118	CAUSE O	F DEATH		INTERVAL BETY
	DISEASE OF CONDITION DIRECTLY				ONSET AND D
	LEADING TO DEATH	(A) Lenera	lied petahial he combacytogenic te lymphocytic	montages	Hours
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It meons the disease,	DUE TO			
	injury at complication which coused death.)	TO.	out a da en		5 mos.
	ANTECEDENT CAUSES	DUE TO	ie o grand	# · · · · · · · · · · · · · · · · · · ·	
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the	10 aci	it a lumishocustie	loukemia.	5 mos
	UNDERLYING CONDITION fost.	manus a tribute to the a a the tribute		\$0000000 T 10000 11111111111111111111111	
Z	II CONTRIBUTING				
ATION	TO THE DEATH BUT NOT RELATED TO THE				
ICA	DISEASE OR CONDITION CAUSING (T.  19A. DATE OF OPERATION 19B. CONDITION FOR WH	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	(NDINGS CONSIDERED
ERTIFIC	WAS PERFORMED		1/65	IN CERTIFIING CAU	JSES OF DEATH:
U	OR CONTRIBUTING CAUSE OF home,	LACE OF INJURY (e.g., in farm, factory, street, or	n or about 21 C. WHERE DID INJURY OCCUR?	(If in Baltimore	City, give exact location
ICAL	DEATH (natify medical examiner) etc.)	All Control of the Co		-	
MEDI	21D. TIME (Manth) (Day) (Year) (Hour) 21E, II OF INJURY While	At Not While	21F. HOW DID INJU	RY OCCUR?	
<	(APPROX.) Work				. 5 .
	22. I certify that 🍪 (this hospital) attended the	-	29 2712 19	05 to 29	o TES
	that 🚯 (we) last sow the deceased alive on	28 166	19.65 ond that	t in ( <del>gy)</del> (our) apir	nion death accurred a
	and haur and from the causes stated above.	(We) (313) (did)	view the bady ofter death.		
1	23A, SIGNATURE				23 B. DATE SIGNED
	H. Brenner	M.D. Atte	ending Med. S	Stoff Phys.	28 1-dr.
	23C. PHYSICIAN'S NAME (Type) H. BRENNER		23D. ADDRESS.	arial to	mpital
24	DEAAON/A1 (Speciful	ME of CEMETERY of CRI		CATION (Cit	ty, lown, or county)
	Burial 3/3/65 Hol	ly Redeemen	Cemetery Bolt	imore, Mar	uland
25	A. DATE REC'D BY HEALTH DEFT. 258. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	THE PERSON	ADDRESS
	MAR 2 1965 Roberts	E. Sarber M. A.	John A. Moran	Inc 2001	2 E B-11.
/e	160. BEV 1/1/45		a librarity	- July	6 Dalto.



0	5 2309			HEALTH DEPARTMEN		65 2309
M.E. CASE NO.	J 2000		CERTIFICA	TE OF DEAT		
I. NAME OF DEC	BELL	GEORG	E ALLAN		2-25-65	3:05 P.
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND			Where deceased lived. If	institution; residence before admission
FULL NAME C	OF (If not in hospital	or institution,	give stied	VIRGINIA		V-13
HOSPITAL OR INSTITUTION	"J"OHNS" 1		HOSPITAL		If outside city limits, writ	e RURAL and give township)
<i>&gt;</i>	BALTIM			D. 3111 OLDS P	O'INT S'AVE"ON)	
MALE	6. RACE WHITE	7. MARRIED, WMOOWEE MARRI	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 2-17-05	9. AGE fin years lost bighday)	If Under 1 Yı. If Under 24 H Months Doys Hours Min.
	UPATION (Give kind of working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
salesman				Mississinni		
13. FATHERS NA	ME			Mississippi 14. MOTHERS MAIDEN PETTIGRE	WDONIA	
5. Wos Deceased	Ever in U. S. Armed Fo	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1B. 101			CAUSE O	Hospital Rec	ords	INTERVAL BETWEEN
DISEASES (rise to the UNDERLYIN)	nat mean the mode a asthonia, etc. It mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if e abave cause (A) G CONDITION last.  IFICANT CONDITIONS SEATH BUT NOT REL	s the disease, d doath,) S any, giving stoling the	DUE TO  (B)  DUE TO  (C)			
A DISEASE OR	CONDITION CAUSING	IT.	WHICH OPERATION	20A. AUTOPSY? (Yes-	or No. 208. IF YES, WEE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. A CCIDE OR CONTRIB	MT WAS UNDERLYING UTING CAUSE OF	21 B	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21C. WHERE D	ID (If in Bolting	note City, give exect lecotion)
0 21 D. TIME	(Month) (Doy) (Yeor	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?	
S (APPROX.)		Wh	ilo At Not Whi			
that (1) (we)		ed alive an	he deceased fram	1965 ar	nd that in (my) (aur) o	2 2 6 19 6 2 ppinian death occurred an the company of the company
23C. PHYSICAL NAME (1		Agner	Phy M.D.	23D. ADDRESS John (601 r	V BROADW	s Hospital sun-RALTUS-1
24A. BURIAL CRE REMOVAL (	MATION, 24B. DATE	24C. N	AME of CEMETERY of CR	EMATORY 24	D. LOCATION	(City, Jown, or county) (State
removal	2-28-6		rklawn Memoria			la.
	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
	MAK Z 1965	Colorel	C, Tankeymill	wmxx.	sickner x	Long Bultimos
S 150-REV. 1/1/	65					GN.



the Such

E O

attendance

regular

eath.

O

10

prior

deceased

the

LO

attendance

regular

MOS

physician

°N

9

and

death) a hospital

0

prior to

eceased

TO

VS 150-REV, 1/1/65

(except

of

accident

An

shows:

D.O.A.

Was

the body was released

certificate must

the

who

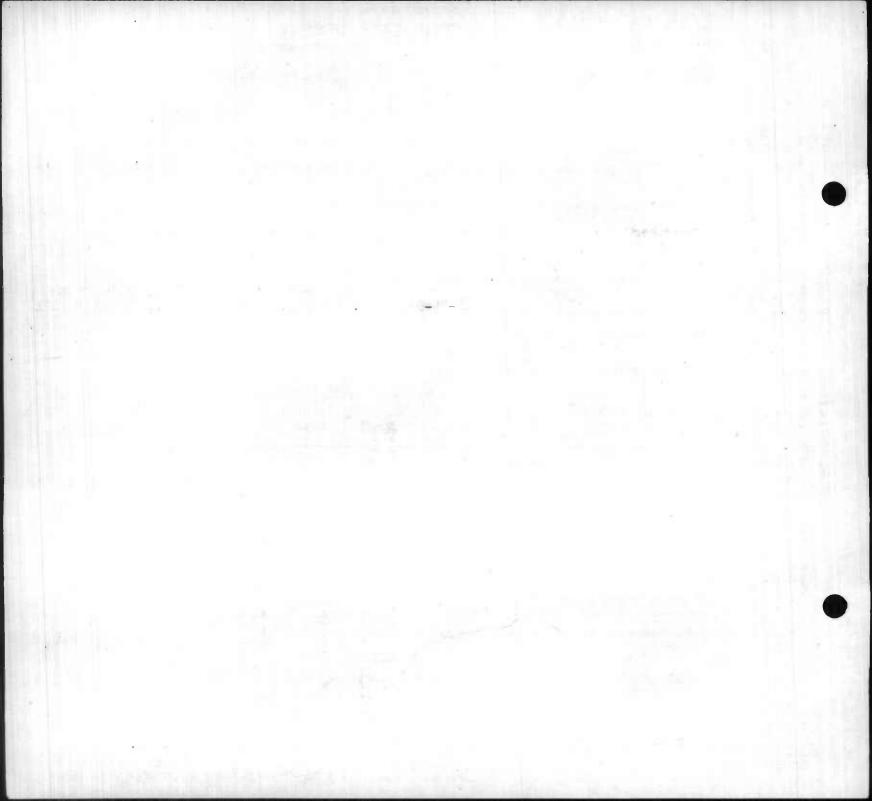
pup

hospital

0 =

occurred

BALTIMORE CITY HEALTH DEPARTMENT 2310 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A, STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FRANK SAB MESSEN (If not in haspital or institution, give street FULL NAME OF HOSPITAL OR oddress ar lacation) C. CITY OR TOWN (If outside city limits, write RURA) and give township D. STREET ADDRESS (If rural, give lacation) is made. 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 6. RACE WIDOWED, DIVORCED (specify) last birthdoy) Hours DOWDOIN 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition dane during most of working life, even if retired) Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Farces' 17. INFORMANT ADDRESS 2907 Berwick Avenue or final Yes, na ar unknawn) (If yes, give SECURITY NO. 214-24-9547 Mr. Emory C. Munzner Balto., Maryland 2121 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, heart foilure, osthenio, etc. Il means the disease, injuly of complication which coused death.) SYRS ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, to the obove couse (A) stoling the UNDERLYING CONDITION lost. obtained before the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION 9A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 0 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, farm, foctory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact lacation) MEDICAL DEATH (natify medical examiner) etc.) 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY Not White While At (APPROX) Wark 22. I certify that (I) (this hospital) attended the deceased from 65 19 eq that (I) (we) lost saw the deceased alive an.... ond that in (my) (aur) opinion death occurred on the date ond hour and from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. must 23A, SIGNATURE 23B, DATE SIGNED Attending Med. M.D. Phys. Phys. Director written approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Parkwood Cemetery POLE E STAR 25C. FUNERAL DIRECTOR



23A. SIGNATURE

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, 24B.

DATE

occurred in a hospital and

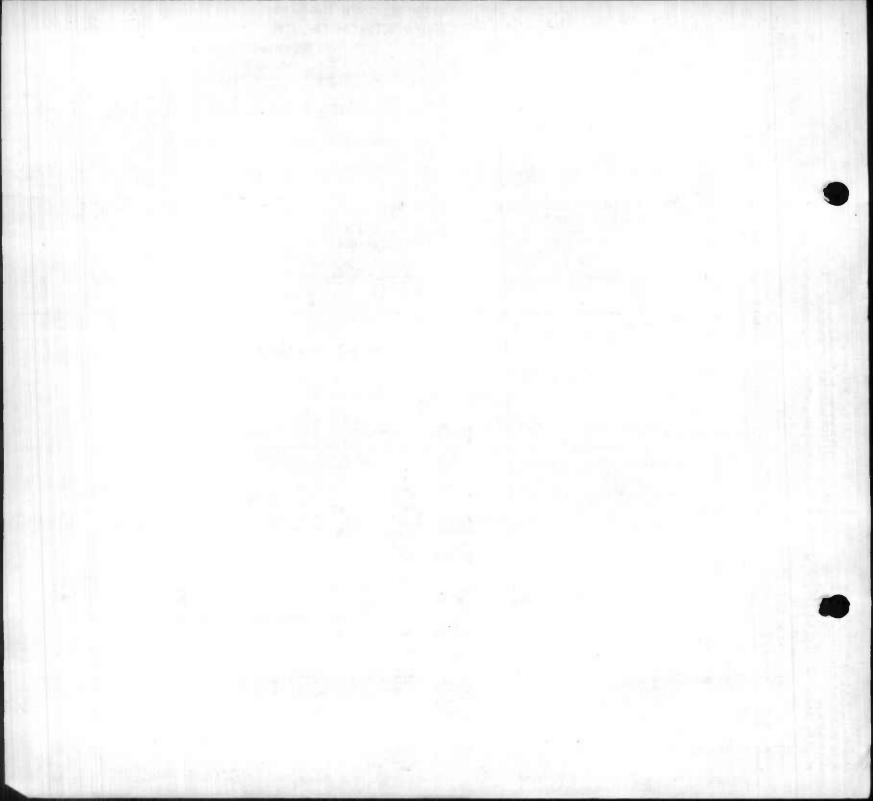
	62 m		BALTIMORE	CITY HEALTH DEPA	RTMENT	CE ODIA
		2311	CERTIFI	CATE OF D	EATH Registered Na.	65 2311
M.E	E CASE NO.	SED			2. DATE AND HOUR OF DEATH	
(Тур	pe or Print)	Knight, Mr.	Charles Ellsworth		February 28, 196	5 1.30 P. N
3. F	PLACE OF DEAT	H IN ALTIMORE, MA	RYLAND	4. USUAL RESI	B. COUNTY	nstitution: residence before odmission)
ŀ	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital oddress or location	or institution, give street	C. CITY OR TO		RURAL and give township)
		1523 Pentri	dge Road	Baltin	lore	
)		Baltimore,		D. STREET ADE	ORESS (If rural, give location)	
		Dar Willord,	narytanu ziziz	1523 F	entridge Road	21 21 2
5. S	EX 6	RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specif	B. DATE OF BIR	TH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	fale	White	Married	6/22/188		
			108. KIND OF BUSINESS OR INDL	JSTRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Self	rking life, even if retired)	Insurance		timore, Maryland	U. S. A.
13.	FATHER'S NAME			14. MOTHER'S	MAIDEN NAME	
	Ctombion	Vand alak		26		
15 1	Stephen	in U. S. Armed For	ces? 16. SOCIAL	Mary	C. Schrodt	ADDRESS
(Yes	s, no or unknown)	yes, give wor or dote	s of service) SECURITY NO.		65	10 Sharon Road
	No	None	216-01-0646	Mr. Ells	worth C. Knight.	r. Balto., Md. 12
	1B. 11 00	. / 1	CAU	SE OF DEATH		INTERVAL BETWEEN
	DISEASE	OR CONDITION DIR	RECTLY			ONSET AND DEATH
	LI	EADING TO DEATH	(A)	CORON	ARYTHROMBO	SK SWDDISM
		mean the mode of				
		sthenio, etc. It means icolion which coused	the disease, death.)	0100 000	60-6 Cana	0.1/=12-
		TECEDENT CAUSES	(B) /1/	KTIERIOSCL	EXATIC CARDIO	- 9+ YEARS
			DUE TO	VASCULA	IR DISEATE	
		CONDITIONS, if obove couse (A)	ony, giving	1. 5 W El.	PERTENSION	
		CONDITION lost.	storing into	4110 7	1-12-12-14-31.8.1V	
		11				
O		CANT CONDITIONS C				
ATI		ONDITION CAUSING I				
RTIFIC	19A. DATE OF C	PERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOP	SY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT OR CONTRIBUTI DEATH (notify or	WAS UNDERLYING   ING   CAUSE OF nedical examiner)	21& PLACE OF INJURY ( home, form, foctory, streetc.)	e.g., in or about 21 C. W.	HERE DID (II in Boltimor	e City, give exact location)
D		Month) (Doy) (Year)	(Hour 21E, INJURY OCCURRED	21F. H	OW DID INJURY OCCUR?	
ME	OF INJURY		While At Not	While		
	(APPROX)		Work At	Work	111	26
	00	(1) ( ) ( ) ( ) ( ) ( )	) attended the deceased from.	1.16.55	1996 to 15	12 5) 11 A D. 11 K. 1-1

and haur and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23B. DATE SIGNED M.D. Attending Phys. Med. Director Stoll Phys. 23D. ADDRESS 0 24C. NAME of CEMETERY OF CREMATORY (City, (Stote) town, or county) Woodlawn, Maryland Burial 3/3/1965 25A. DATE REC'D BY HEALTH DEPT. Woodlawn Cemetery

(i) 

FUNERAL DIRECTOR: IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	Loup
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	oath >
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	V/pest
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Such
written approval must be obtained before the remains are embalmed or final disposition is made.	2

4 =	C.F.	004	BALTIMORE CITY	HEALTH DEPARTMENT		() =
BRTH NO. 65- 042	72 60	231	CERTIFICA	TE OF DEATH	Registered Na.	65 2312
M.E. CASE NO.	ED .			2. DATE A	ND HOUR OF DEATH	
Type or Print)	Boy Colli	NS		2/2	5/65	7:00 A
. PLACE OF DEATH	IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If	institution; residence before admission
FULL NAME OF	(If not in hospital	or institution of	ilua stenat	45 GerAI		Maryland Maryland
HOSPITAL OR	address or location	)		C. CITY OR TOWN (If or	utside city limits, write	RURAL and give township)
IN 3 II TO II ON	ospital of E	ZaHIMON	e INC	Luthervil	ile, Md	53-10
SINA! H	aspital of h	2771 17 1 - 1			rurol, give location)	
					ard Avenue	
SEX ON 6. R	White	WIDOWED	NEVER MARRIED , DIVORCED (specily) MATTIE O	2/22/65	9. AGE (In years last birthday)	If Under 1 Yr. II Under 24 Hr Months Days Hours Min.
OA. USUAL OCCUPATION done during most of working	ng life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or long	The state of the s	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	- Baby		riome	14. MOTHER'S MAIDEN NA		0311
Keweth	Collins			Shirley	NVV E	
5. Was Deceased Eve Yes, no or unknown) (If	r in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
-				Hospital Reco	rds	
18. 7 4 11	Z 1		CAUSE O	1		INTERVAL BETWEEN
DISEASE C	R CONDITION DIR	ECTLY				ONSET AND DEATH
LEA	DING TO DEATH		(A) Cong	enital cardiac	anomaly	
	mean the mode of senio, etc. It means		DUE TO	8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	olion which coused					
ANT	ECEDENT CAUSES		(B)			
DISEASES OR	CONDITIONS, if	ony, giving	502 10			
rise to the o	bove couse (A)	stating the	(C)	***************************************		
UNDERLING C						
Z OTHER SIGNIFICA	II ANT CONDITIONS C	ONTRIBUTING				
E TO THE DEAT	H BUT NOT RELANDITION CAUSING I	TED TO THE				
19A. DATE OF OP	ERATION 198. CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or N	o 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OP	WAS PERI	FORMED		yes	IN CERTIFYING C.	AUSES OF DEATH?
OR CONTRIBUTEN  DEATH (notify me		21 B. hom etc.)	e, larm, factory, street, o	or obout 21 C. WHERE DID injury occur?	(If in Boltimo	re City, give exact location)
21 D. TIME (M	onth) (Day) (Year)	(Hour) 21E,	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
21 D. TIME (M OF INJURY (APPROX.)		Whi	le At Not Whil	e		
		Wor			7 5	1-1-
	t(1)(this haspital			2/22		
	t saw the decease	4000	1 /			pinian death occurred an the d
and haur and fro	om the causes stat	ed abave (I	(We) (did) (did nat) v	iew the body after deoth.		
23A. SIGNATURE		1				23B. DATE SIGNED
aleur	us D.	toodina	M.D. Atte	ending Med. Director	Staff Phys.	2/25/65
23C. PHYSICIAN'S NAME (Type)	B OMAN	SKY		23D. ADDRESS		
24A. BURIAL CREMAT	TION, 248. DATE	24C NA	ME of CEMETERY OF CR	MATORY 24D.	LOCATION (	City, town, or county) (State)
REMOVAL (Spec	ify)		0 1 1 0			
Burial	Feb. 27		Jaklawn (emet		altimore, M	
25A. DATE REC'D BY			A 100 A	25C. FUNERAL DIRECTO		ADDRESS
MA	( 4   1300	Jan Ser D	E. Sarbey M.A	John Burns	Jons, low	son, Maryland
VS 150-REV. 1/1/65						



BIRTH NO.

M.E. CASE NO.

I NAME OF DECEASED (Type or Print)

Burial

VS 150-REV, 1/1/65

25A, DATE REC'D BY HEALTH DEPT.

Was

Mar-4-1965

Holy Rosary

258 NAME OF REGISTRAR

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

RRONTST.AWA

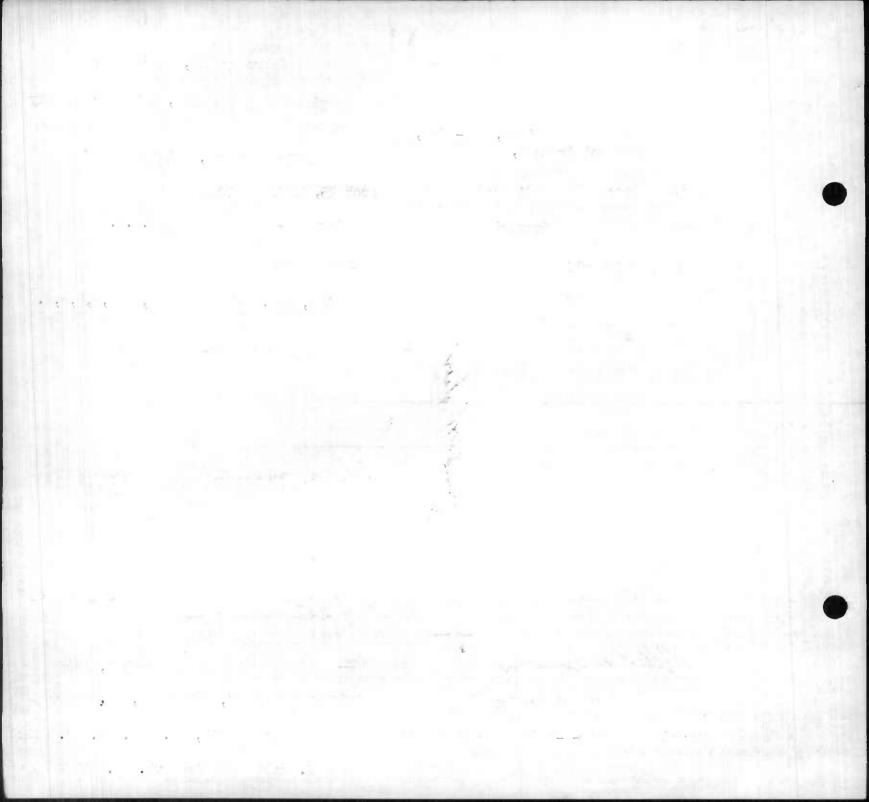
DUDZ TNSKT

pital and of death Deceased

Such

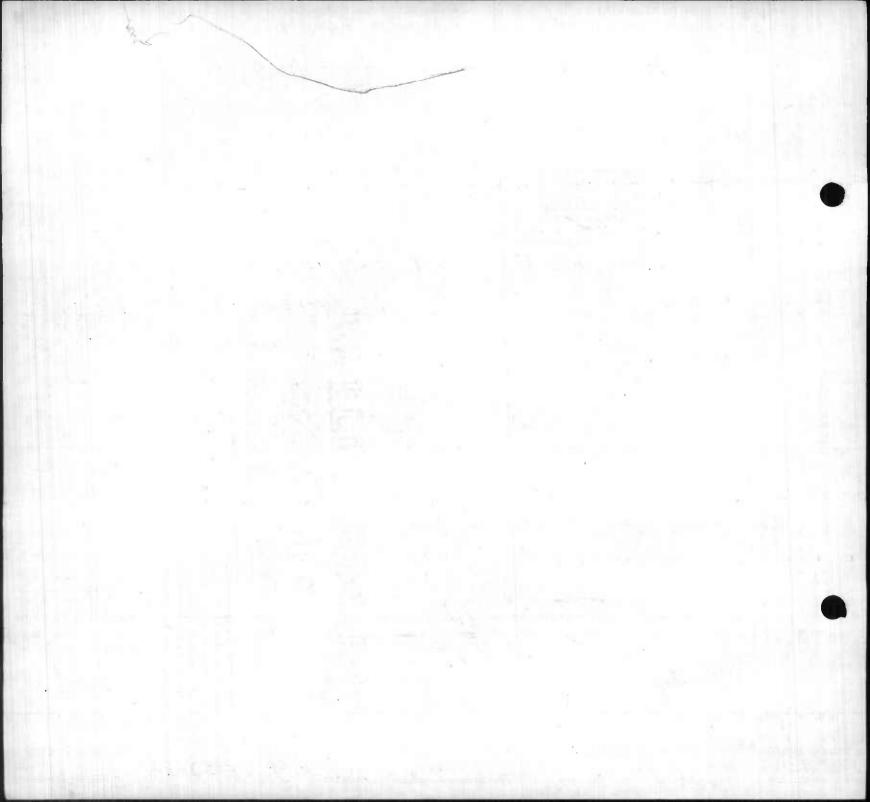
LO

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH February 28. 1965 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) Dundalk , Baltimore County C. CITY OR TOWN (If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF U.S.A. Daughter, Mrs. Helen Pavoski, # 4,a,b,c,d. INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aux) apinian death accurred an the date 23B. DATE SIGNED March 2, 1965 Belair Road, Baltimore, Md. 21206 (City, town, or county) German Hill, Rd. Bal. Co. Md. 21222 25C. FUNERAL DIRECTOR John J. Duda 7922 Wise Ave. Md. 21222



VS 150-REV. 1/1/65

		BALTIMORE CITY	HEALTH DEPARTMENT		
۱	BIRTH NO. 65 2314	CERTIFICA	TE OF DEATH	Registered Na.	55 2314
		THERINE	ANNA MAR	CH 1,196	7 1:15 Am.
	3, PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	dacoosed lived. If instituti	on: residence before odmissian)
	FULL NAME OF (If not in haspitol or instituti HOSPITAL OR oddrass or location) INSTITUTION	on, give street	C. CITY OR TOWN (If outs	ide city limits, write RURA	ond give township)
1	3217 DILLON	57.	D. STREET ADDRESS (If IL	ural, giva location)	
9				LON ST	
mad		MED, NEVER MARRIED (WED, DIVORCED (specify)		ost birthday)  Mar	Under 1 Yr. If Under 24 Hrs. https://doi.org/10.1001/1
On I	10A, USUAL OCCUPATION (Give kind of work 10B, KIND dane during most all working life, even if retired)		11. BIRTHPLACE (Stote or foreig		CITIZEN OF WHAT COUNTRY?
Isposition	13. FATHER'S NAME	E	14. MOTHER'S MAIDEN NAM		LSA
disp	CHARLES HA	PRMON	SOPHIA	MARO	
tinal	15. Was Deceased Ever in U. S. Armad Farces? (Yas, no or ynknawn) (If yas, give wor ar datas af service)	SECURITY NO.	hrs CATHERIN	NE SMITH	ADDRESS 3217 3217
or t	18.443 X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND BEATH
peu	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	e.g., DUE TO	Cerebral Varack	he accident.	7-8 hours.
palm	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the diserinjury or complication which caused death.)		to according to	and Sadeil	3 lags.
E =	ANTECEDENT CAUSES	(B) LLUK	l'engemene no	na generocc	
S are	DISEASES OR CONDITIONS, if ony, giver ise to the obove couse (A) stoting UNDERLYING CONDITION lost.		ulenuil acher	drease .	15-70 years
remains	7	e ac	are notune	. acces	
е геп	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE Chumic	pylonefluite	,	30 gears.
e the	WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
before	OR CONTRIBUTING CAUSE OF DEATH (natily madical examiner)	218. PLACE OF INJURY (a.g., in hama, lorm, lactory, streat, at etc.)	n ar about 21 C. WHERE DID	(II in Baltimore City	, giva exect location)
ained	OF INJURY	21 E. INJURY OCCURRED  While At Not While	21F. HOW DID INJU	IRY OCCUR?	
btai	(APPROX.)  22. I certify that (1) (Alaba has been declared) attended	Work At Work	Jon 1965	1 m	en 65
o eq	that (1) (ma) last saw the deceased alive	1 Ch an lat	-77	· · · · · · · · · · · · · · · · · · ·	death accurred an the date
must	and haur and fram the causes stated abave	(1) (Ha) (did (did )	riew the bady after death.	238.	DATE SIGNED
	M. M. Momste	Phy	s. Director F	Stoll Phys.	mar 65
approval	23C. PHYSICIAN'S NAME (Typo) B. BRONUSHI	45, M-D M.D.	30370' DON	Ne11 St 1	Stato 24 Ma
	24A. BURIAL CREMATION, 248. DATE 240	C. NAME OF CEMETERY OF CRI	MATORY 240. LO	CATION (City, to	wn, or caunty) (State)
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	11400.	ADDRESS (
}	MAR 3 1965 R.C.	it E. Jankey Mill	9.11 Hoffma	um 3218/4	UDSON ST



1.		
	5565	
	1 - 1	
	S	
	B 00 -	
	= 400 * =	
	0 0 0	
	2 0 O E O	
	4 20 8	
	00000	
	O S O	
	- B B E 6	
	B.E O B.E	
	0+0 -0	1
_	ra a a	1
	3.5.5	ì
	TT ES	
	0 0 - 0	•
	T . 40 E %	1
	D - D D	3
	S S	
	יייייייייייייייייייייייייייייייייייייי	ě
-	= 04 >=	1
FUNERAL DIRECTOR: IMPORTANT	## "F E	1
5	B 0 0 0 0.	_
-	+ 0 - 0 0	į
	음투 보고 있	1
<u> </u>	ST > DO	4
O	G 6 5	-
9	ii o' u u	
2	100	-
-	AOOB	1
	1 . 70	i
04	0 1 1 0	j
<u></u>	- a a -	1
~	E. To D	(
Ü	D = 4 - 5	4
ш	XXX	1
04	_ 00 E E	
=	0 0	1
-	ic as	1
	Pi-R	i
4	F 9 9 4 1	1
04	ELOD	1
m	0 0 0 0	_
Z	4 0 0 H	4
2	2 7 5	
U.	57,450	4
	+ 0 0 0	-
	>= o Z	-
	must be approved by the chief medical examiner or his assistant if death occurred in a hospital and eleased to the hospital by a medical examiner. Also, if the direct or contributing cause of death ccident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased i hospital (except where the physician who pronounced death was in regular attendance on the to death); and (6) No physician was in regular attendance on the	and the second state of the second se
	6 4 4 0 d	1
	7 5 5 7	1
	00 00	4
	4 E 9 B	4
	0000.	,
	ロナナコラ	1
	3 B + + =	4
	9 5 0 0	
	d de de	-
	5 - 5 - 6	
	F 0 11 - +	î

the body was r shows: (1) An a

ds D.O.A.

eceased

A. at a

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) ROBERTS CHARLES M.

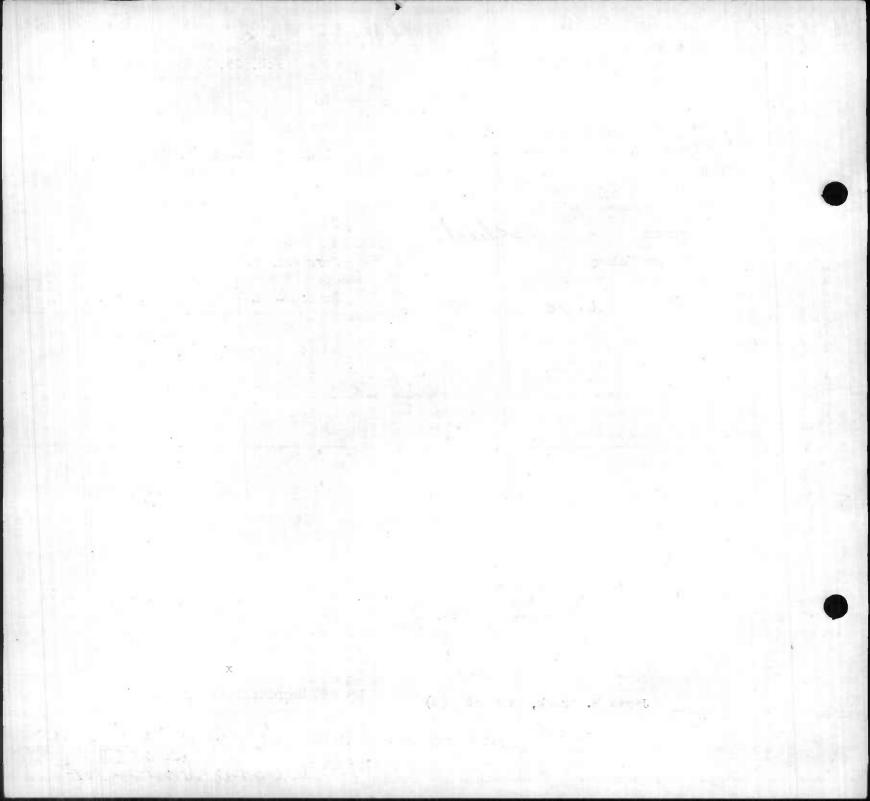
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 9:45 P M. 2-26-65 CHARLES M. SR. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION VETERANS ADMINISTRATION HOSPITAL READING D. STREET ADDRESS (If rurol, give location) 3900 LOCH RAVEN BOULEVARD BALTIMORE MARYLAND

6. RACE 503 S. 12th ST. . MARRIED, NEVER MARRIED 9. AGE (In years )f Under 1 Yr. Months: Doys B. DATE OF BIRTH If Under 24 Hrs. Hours : Min. Hours WIDOWED, DIVORCED (specify) lost birthdoy 9-3-18 NEGRO 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A COREMAKER INDUSTRY HOOKER, GEORGIA, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANNA, BOLLS JAMES, ROBERTS 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. YES 5-20-42 to 1-6-46 413-01-2797 VA HOSPITAL BALTIMORE MD. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, larm, foctory, street, office bldg., INJURY OCCUR? YDS 21A. ACCIDENT WAS UNDERLYING U (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While F (APPROX.) Work At Work 22. I certify that (16 (this hospital) attended the deceased from TEG that (1) ( lost sow the deceased alive on Tieb ....ond that in (my) (see) oplnion death accurred on the date ond hour and from the couses stoted obave. (1) (We) (did) (did was) view the body ofter deoth. 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. M.D. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) V.A.HOSPITAL HOWARD H. GENDASON BALTIMORE. MD. 21218 3900 LOCH 24A. BURIAL CREMATION, 24B. DATE 24C. NAMINOT CEMETERY OF BEMOVAL (Specify HEALTH DEPT. VS 150-REV, 1/1/65

• - • 2-165 Handart Timber Sprang Try Hos

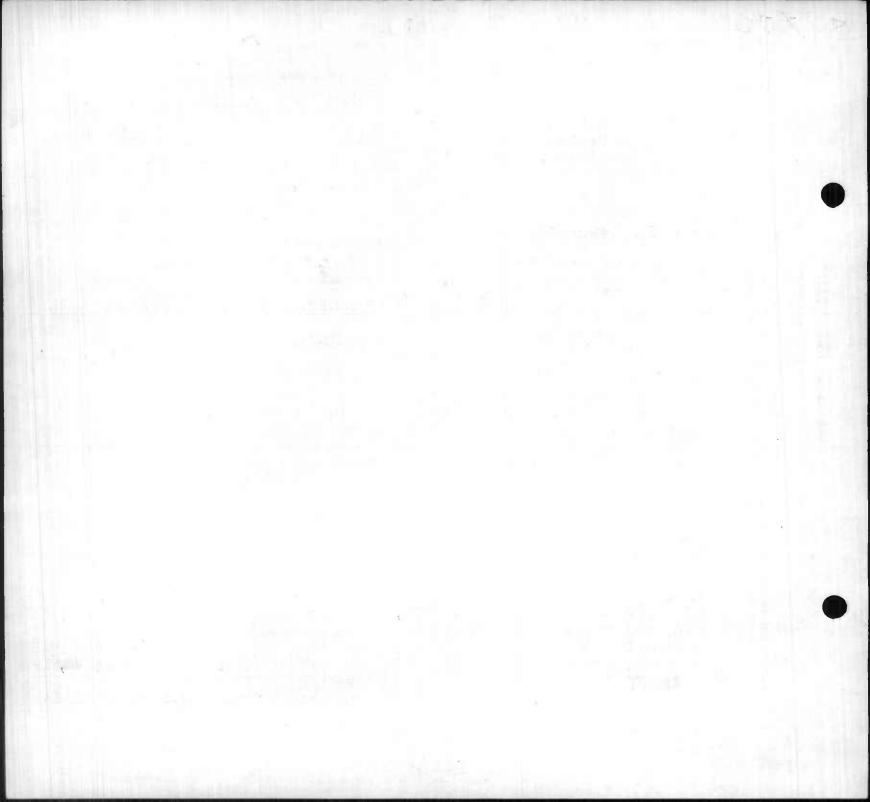
W

	BALTIMORE &	TY HEALTH DEPARTMENT	05
BIRTH NO. 65 2316 M.E. CASE NO.	CERTIFIC	ATE OF DEATH Registered No	
I. NAME OF DECEASED	ene Wolley	2. DATE AND HOUR OF DEATH Feb. 25, 1965	11:35 P
3. PLACE OF DEATH IN BALTIMORE, M	ARYLAND	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)
FULL NAME OF (If not in hospito HOSPITAL OR oddress or locati	f or institution, give street	DC	1/-48
INSTITUTION		C. CITY OR TOWN (If outside city limits, write Washington	RURAL and give township)
US Public Health Se: Wyman Pk. Drive &	-	D. STREET ADDRESS (If rurol, give location)	NU
		1842 California St.	1444
6. RACE M COL	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Child	B. DATE OF BIRTH  2/25/57  9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of wa		TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	School	DC	USA
13. FATHERS NAME	3-4001	14. MOTHERS MAIDEN NAME	
Adam Wolley		June Montgomery	
15. Was Deceased Ever in U. S. Armed F. (Yes, no or unknown) (If yes, give war or do		17. INFORMANT	ADDRESS
No Non	nono	Records- US PHS Hosp	ital, Balto, Md.
18.196.61	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D	/ 1	D. D. wot.	11.
(This does not mean the mode of	(A) 12.4	ilmonung parcorra, Melas	uce
heart lailure, asthenia, etc. Il mean		1	( )
injury or complication which cause	d deoth.)	aremal of pacrum pen	enent
ANTECEDENT CAUSE	S (B) OUE TO		
DISEASES OR CONDITIONS, if		$\nu$	
uise la the obove couse (A UNDERLYING CONDITION last,	) slating the (C)		
11			
OTHER SIGNIFICANT CONDITIONS			
TO THE DEATH BUT NOT REI			
19A. DATE OF OPERATION 198. CO	NDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e., home, furm, foctory, street, etc.)	g, in or about 21 C. WHERE DID (If in Boltim office bldg., INJURY OCCUR?	ore City, give exact location)
O 21D. TIME (Month) (Doy) (Year	Hour 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not V	Vhile	
	Work At W		Fob 25 65
22. I certify that (V) (this hospit			Feb. 25 1965
that (1) (we) lost saw the decea		19.65 ond that in (my) (our) o	pinian deoth occurred on the dat
and hour and fram the couses st	oted obave. (1) (We) (did) (did hot	) view the body after deoth.	
23A. SIGNATURE	1 1		238. DATE SIGNED
4 1.	TAMAR. M.D.	Attending Med. Stoff Phys. Director Phys.	2/26/65
23 C. PHYSICIAM'S NAME (Type)	1000,00	23D. ADDRESS	
James H. Fra	nk, Surgeon (R) M.	.b. US PHS Hospital, Balto, M	i.u.
24A BURIAL CREMATION. 248. DATE	24C. NAME OF CEMETERY OF	CREMATORY 24D. LOCATION	City, lawn, or county) (Sigte)
3-2-6	5 Mat Harm	rong Jack Highland	Fach Md
25A. DATE REC'D BY HEALTH DEPT. MAR 3 1965	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1925 Deant Ou
VS 150-REV. 1/1/65	highwa -, they	H. W. Washington	A FL NEDU



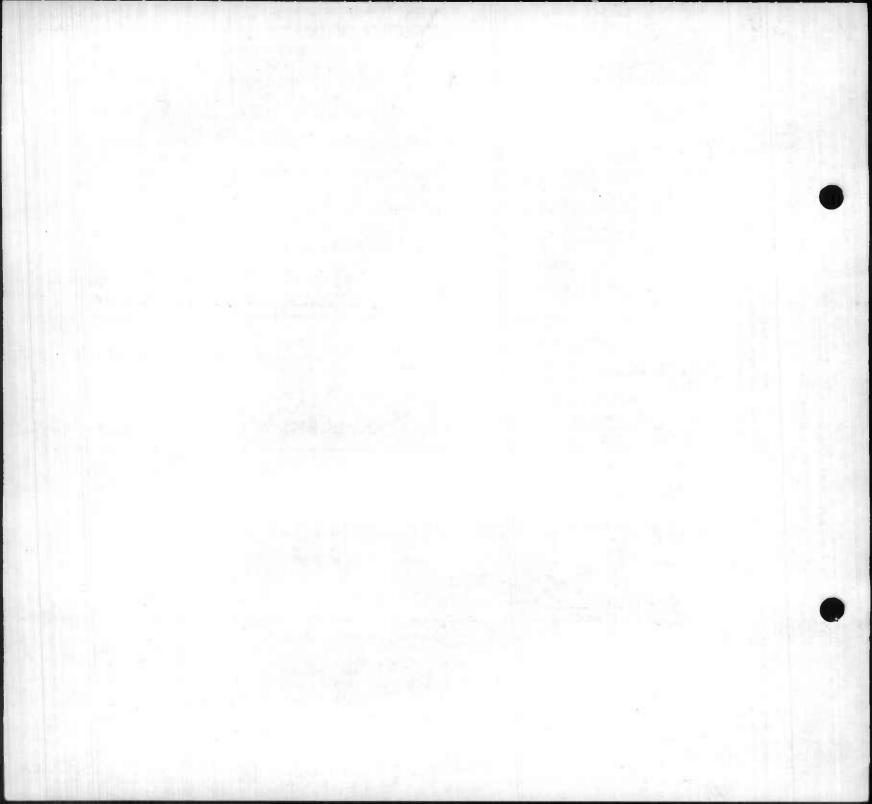
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	65 2317	CERTIFICA	TE OF DEATH	Registered No	65_2317
1. NAME OF DEC		Shave		uary 28, 19	
3. PLACE OF DE	ATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admission)
FULL NAME	OF (If not in hospital or i	nstitution, give street	Maryland	BALT IMORE	Bulto
HOSPITAL OR	oddress or location)				RURAL and give township)
1		ity Hospitals	RURAL		53-00
	4940 Easter			rural, give location)	
	Baltimore,	Maryland 21224	407½ Eastern	Avenue #21	221
5. sex Male	6. RACE 7. White	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
done during most of	working life, even if retired)	(4/1)	Herran	son	WHAT COUNTRYS
13. FATHER'S NA	ME DE DE		14. MOTHER'S MAIDEN NA	ME	9. 1. 4!
aug	ust J. St.	iare	augusti	Kruge	r)
5. Was Decesses	d Ever in U. S. Armed Forces  n) (If yes, give wor or dotes o	? 1 6. SOCIAL SECURITY NO.	17. INFORWANT		ADDRESS
	, , , ,		A RECORDS: BCH:	1910 Easte	ern Avenue #21224
1B. 449	3 X I	CAUSE O		7,40 2345 00	INTERVAL BETWEEN
DISEA	SE OR CONDITION DIREC	TLY	The company of a		ONSET AND DEATH
	LEADING TO DEATH	(A)	Pneumonia		12 Hours
heort foilure	nol meon the mode of dy , osthenio, etc. It meons the mplicolion which coused de	e diseose,			
	ANTECEDENT CAUSES	(B)			
DISEASES	OR CONDITIONS, if ony				
	ne obove couse (A) st G CONDITION lost.	oting The (C)			
ONDEREIN	10				
OTHER SIGN TO THE DISEASE OR	III  IIFICANT CONDITIONS CON  DEATH BUT NOT RELATED  CONDITION CAUSING IT.	NTRIBUTING D TO THE			
		TON FOR WHICH OPERATION	NO	208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Boltime	ore City, give exact location)
21D. TIME	(Month) (Doy) (Year) (	Hour 21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
S OF INJURY		While At Not Whil	е		
		Work At Work	bruary 17.	19 65 to Fel	20 65
		riended the deceased from			oruary 28, 19 65
that (1) (we	) last saw the deceased (	olive on February 28,	19 02 ond th	not in (my) (our) of	pinian death occurred an the date
		obove. (I) (We) (did) (did not) v	iew the body ofter deoth.		
23A. SIGNAT	URE				23B. DATE SIGNED
	Myny	M.D. Atte	s. Med. Director	Stoff Phy s.	February 28, 1965
23C. PHYSICE	Туре)	Carroll M.D.	23D. ADDRESS	Avenue Balt	imore Maryland24
24A, BURIAL CPI	EMATION, 248. DATE	24C. NAME of CEMETERY or CR			City, town, or county) (State)
REMOVAL,	(Specify) 3/3/65	- Balto. Na	tional /	Balto	Md.
25A. DATE REC'I	ACCE A	B. NAME OF REGISTAR	25C. FUNERAL DIRECTOR	0 1	ADDRESS
	MAR 3 1965 0	obert E. Jankey Mill	Connelly.	300 Mac	Suetin 21
VS 150-REV. 1/1/	/65	And the state of t	6		

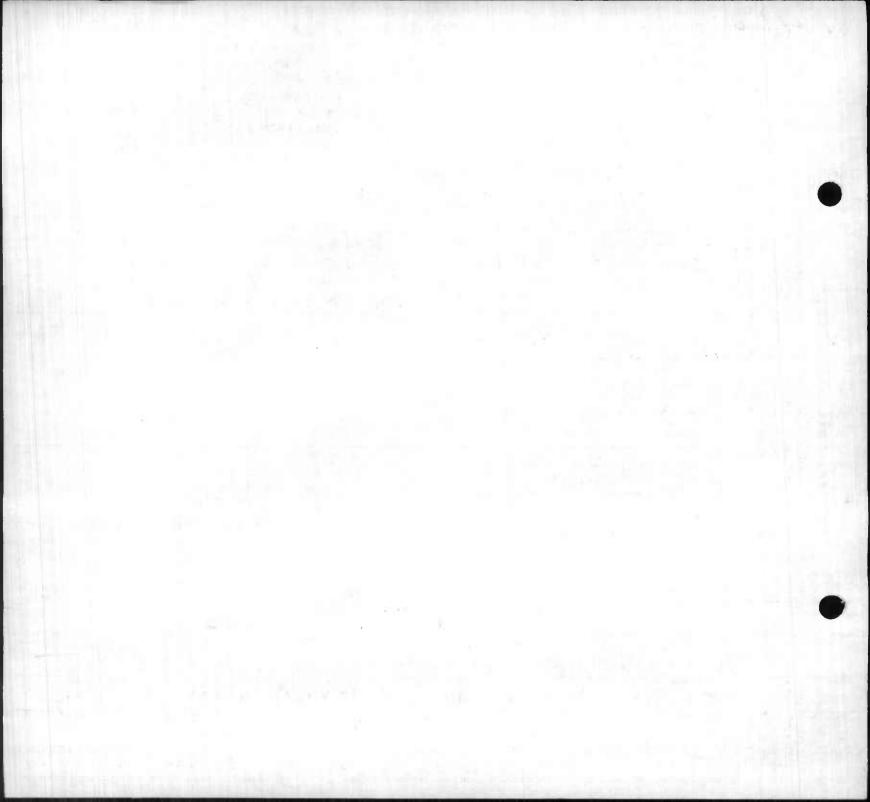


## This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	64	1-24486		BALTIMORE CITY	HEALTH DEPARTMENT		CE DOLO F	
	TH NO. 6	5 2318		CERTIFICA	TE OF DEATH	Registered Na	65 2318	
1. N	E. CASE NO. NAME OF DEC pe or Print)	PAULA VOIS	-14		2. DATE/AN	D HOUR OF DEATH	1 10 0	
3.	PLACE OF DEA	TH IN BALTIMORE, MA	MYLAND				institution: residence before odmission)	
				day of the	RT 16 B. COUNT	× 420	4-20 h. 14=	
	FULL NAME O	F (If not in hospital oddress or location		give streel	C. CITY OR TOWN (If out	side city limits, write	RURAL ond give lownship)	
	INSTITUTION	10/12	. 1/		Baltimore	, Md.	53-00	
J	SINA! HE	espital of Br	MIMORE	INS	D. STREET ADDRESS (If	urol, give location)		
5. 5	SEX	6. RACE		NEVER MARRIED		AGE (In years	Il Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
-	- 0+	W	WIDOWEL	D, DIVORCED (specify)	9/8/64	ost birthdoy)	5	
		UPATION (Give kind of wor working life, even if retired)	k 108. KIND OF	BUSINESS OR INDUSTRY	11. BRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHERS NAM	ME *			14. MOTHER'S MAIDEN NAM	AE	UISIN,	
		s Voight.			JUNE LU	IECKE	RT	
15. (Ye	Was Deceased s, no or unknown	Ever in U. S. Armed Fo	rces? es of service)	1 6. SOCIAL SECURITY NO.	Parents (s	0	ADDRESS	
	No				Sarents ( &	ume as	actoric )	
	18.	4.5T		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH	
		SE OR CONDITION DI LEADING TO DEATH	RECTLY	P.	MONARY Edent	7	3 weeks	
	(This does n	nal meon the made af	DUE TO	MONITY COCMI				
		asthenia, etc. 11 means optication which caused	1.	igenital Heart	1	R H		
	ANTECEDENT CAUSES			IGENITAL TIEATT	disense	Dull		
	I was a second with the second			oncho preumon		3 wechs		
		e abave cause (A) G CONDITION last.	stating the	(C) R7	ON CHO PACUMOR	,////	Specia	
		II		-				
NOI	OTHER SIGNE	FICANT CONDITIONS (	CONTRIBUTION	Mongoli	5M			
CAT	DISEASE OR	CONDITION CAUSING	IT.	WHICH OPERATION	[20A. AUTOPSY? (Yes or No.	20B IF VES WEB	E FINDINGS CONSIDERED	
CERTIFICATION	D. DATE OF	WAS PER		WHICH OFERATION	2011. 40 10131: (123 01 110	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
CER	21A. ACCIDEN	NT WAS UNDERLYING		PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltime	ore City, give exact location)	
AL	DEATH (notily	JTING CAUSE OF medical examiner	etc.		fice bldg., INJURY OCCUR?			
MEDIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
٤	(APPROX.)		Wh	ile At Not While	e 🔲			
	22. I certify	that (1) (this haspita			2/18/	9 65 ta	2/27 1965	
ļ.			-	0/27/	1 1 . ~		pinion death accurred an the date	
	that (1) (we) last saw the deceased alive on							
	23A. SIGNATURE						23B. DATE SIGNED	
	We will be to Josdan M.D. Attending Med. Director Phys. Stoff 2/27/65						2/27/65	
	23C. PHYSICIAN'S NAME (Type)  A  O  O  O  O  O  O  O  O  O  O  O  O							
	ul	ennes Bo	odle	M.D.	4416 Jak	ata Au	e Balt. Md	
24/	A. BURIAL CRE		24C.N.	AME OF CEMETERY OF CRE	MATORY 24D. LO	OCATION (	City, town, or county) (Stote)	
1	Vt. Bur	. 1 5/2/	65 130	reto. Mateo	nal Be	ulfo.	·md.	
25/	A. DATE REC'D		25B. NAME	OF REGISCAAN	255 FUNERAL DIRECTOR	- \	ADDRESS	
		MAR 3 1965	Mobie	E. Jankerin	Connelly	300 Mac	e cur, Galto, 21	
VS	150-REV. 1/1/	65						



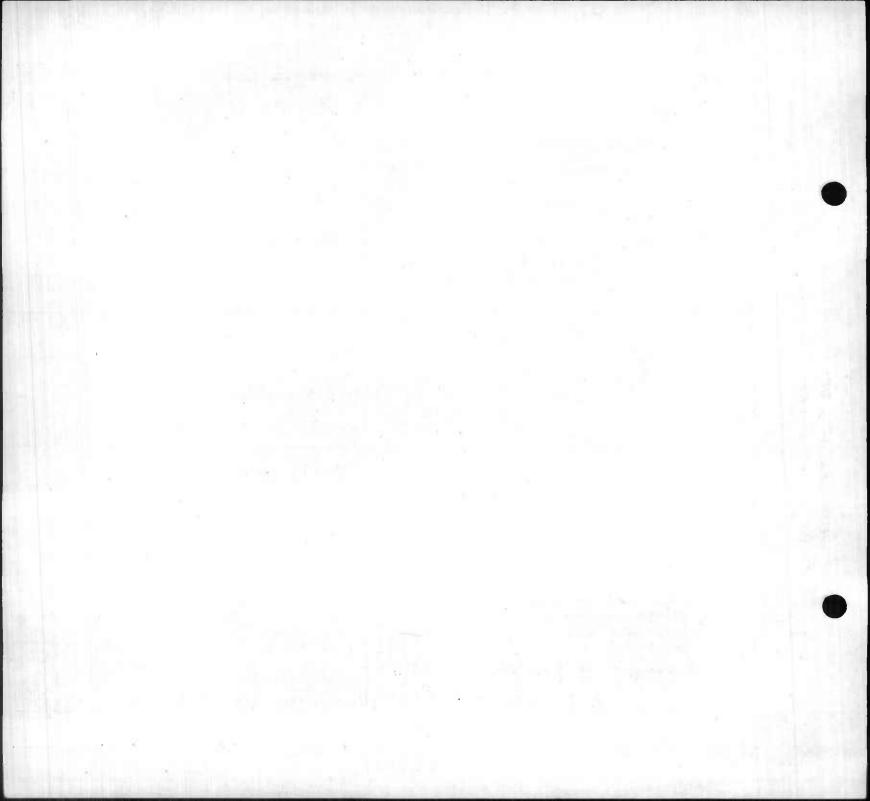
	BALTIMORE CIT	Y HEALTH DEPARTMENT		05 0010				
BIRTH NO. 65 2319	CERTIFICA	ATE OF DEATH	Registered Na.	65 2319				
M.E. CASE NO. 65 2319  1. NAME OF DECEASED			HOUR OF DEATH					
THE OF BELLENSES	VILEY	2/10	.47 6	7. 1965				
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ID	4. USUAL RESIDENCE (Where	deceased lived. If institu					
FULL NAME OF (If not in hospital or inst	itution, give sheet	MAKY LAN	D	Bult				
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outs		AL and give township)				
10: 0 11= 2 N	100 DUTED	BALTIMO		53-00				
Church House & H			uiol, give location) UONOCACE	Rd.				
5. SEX 6. RACE V. M.	ARRIED NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years If	Under 1 Yr., If Under 24				
MALE WHITE	DOWED, DIVORCED (specify)	8-11-02	59 yps	onths Doys Houis M				
10A, USUAL OCCUPATION (Give kind of work 10B, K dane during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreig	n country	2, CITIZEN OF WHAT COUNTRY?				
U.S. GOVA BAYROYFEZ -		WIRGINIA		U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	F	0(1).11				
	LEG	VIRGINIA	COOKSE	4 /				
15. Was Deceased Ever in U. S. Armed Forces?	16- SOCIAL	17. INFORMANT		ADDRESS				
(Yes, no oi unknown) (If yes, give wor or dotes of s	216-01-75	76 medica	+ CHART					
18. 420.1		OF DEATH		INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	v .			ONSET AND DEAT				
LEADING TO DEATH		hy o cardial	Legensten					
(This does not meon the mode of dying, e.g., DUE TO								
heall foiluse, asthenio, etc. Il means the disease,								
injury or complication which coused death								
ANTECEDENT CAUSES	(B)							
DISEASES OR CONDITIONS, if any,								
rise to the obave cause (A) statin	g lhe (C)							
UNDERLYING CONDITION Iosi.								
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.								
	TO THE DEATH BUT NOT RELATED TO THE							
19A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINE	DINGS CONSIDERED				
198. CONDITION WAS PERFORME	.0		IN CERTIFIED CAUSE	3 OF BEATH:				
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218, PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID	(If in Boltimore Ci	ty, give exact location)				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	OR CONTRIBUTING CAUSE OF home, form, foctory, street,							
0								
OF INJURY (Month) (Doy) (Year) (Hot		21F. HOW DID INJU	IRY OCCUR?					
(APPROX.)	While At Not W							
WORK AT WORK								
22. I certify that (I) (this haspital) atte	22. I certify that (1) (this haspital) attended the deceased from Tel 2 19 (e 5 to Tel 2 19 (e 5							
that (1) (we) last saw the deceased ali-	ve on teb 2	1 19 6 5 and the	t in(my) (aur) apinla	n death occurred an th				
and hour and from the courses stated at	(1) (Wa) (did) (did		/					
23A, SIGNATURE	(i) (iie) (did) (and non)	TION THE DULY OTHER GEOTH.	100	B. DATE SIGNED				
	11.	Mandian way AA-4						
+ (aever) de		ttending Med.  Director	Staff Phys.	2-27-65				
23C.PHYSICIAN'S		23D. ADDRESS	0					
NAME (Type)	A MERCEDMI	CHCIRCH	HOWES	4681811741				
FLORENCIO ? DE I				A A (I DI L.				
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C	REMATORY 24D. LO	CATION (City,	town or county! (SI				
R 3/2/16	Mareland	Mem B	lho,	ma.				
Suride 95/65	NAME OF RECIETAR	DEC FUNERAL DISCOUR		ADDRESS				
25A. DATE REC'D BY HEALTH DEPT. 25B. N	NAME OF REGISTRAR	25C FUNERAL DIRECTOR	soo Macel	Rue, Balto.				
MAK 3 1300 OC.	Key C. Tankey M. H	Connelly	oo mace	w. Jac.				
V\$ 150-REV, 1/1/65		0						



## This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

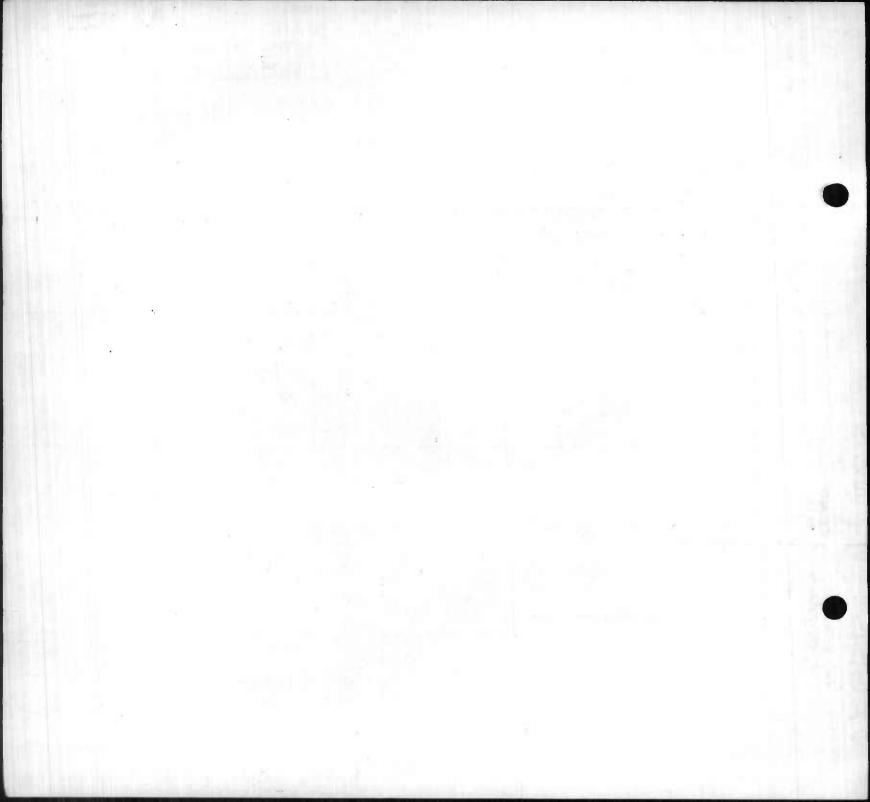
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	CE	9290		BALTIMORE CI	TY HEALTH	DEPARTMENT		CE	9900	
	TH NO. DO	2320		CERTIFIC	ATE O	F DEATH	Registered N	65	2520	
1. N	pe or Print)	LATE .	Basi	-EX		2. DATE A	IND HOUR OF DEA	TH 8,1965	9,001	4 m.
3. 1	PLACE OF DEATH 1	BALTIMORE, MARY	LAND		4. USUA A. STAT			If institution; res	sidence before odmi	ssion)
1 1	FULL NAME OF HOSPITAL OR	(If not in hospital ar address or location)	institution, give	street	C. CITY	OR TOWN (If o	utside city limits, Wi	ite RURAL and	aive tawnship)	
^	NSTITUTION	Con	11-0	2	R	ALTIMOS	S.E.			
	NUNTEBEL	10 STATE	Hole	2 -	D. STRE	- 1	Frurol, give location)	ST.		
5. 5	SEX 6. RA	CE 7	MARRIED, NE		B. DATE	OF BIRTH	9. AGE (In years	If Under		4 Hrs.
	SF V	/	W 100	(VORCED (specify)	JAN.	171875	lost birthdoy)	Manins	Day's Hoors	711110
	USUAL OCCUPATI	ON (Give kind of work 1)			RY 11. BIRTH	IPLACE (State or for	eign cauntry)	12. CITIZ	EN OF T COUNTRY?	
	HUGSEWI	FE	•	-	N	D		U	.5.	
13.	FATHERS NAME		_		14. MOT	HER'S MAIDEN NA	/			
	J. H.	1, BRIE	LE			KEI	S N			
15. (Ye	Was Deceased Ever	in U. S. Armed Farce	s? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT			ADDRESS	
	No	, ,		JEGORIII NO.	Fam	ilv			Same	
-	1B. 1200.	i i		CAUSE OF D		U			NTERVAL BETWEEN	
		CONDITION DIRE	CTLY	Λ.		1			JUZEL WHO DEWL	n
		DING TO DEATH ean the mode of a	lvina e a	(A)	TUCAG	CO/AL	NFART			
	heart failure, asthe	nia, elc. Il meons I	ne disease,	Λ			1/ X			
	injury of complication which coused death.)  ANTECEDENT CAUSES  (B) ARTERIO					CLFROTIC	HEART DI	SEAS-		
	DISEASES OR CONDITIONS, if ony, giving									
	rise to the obove couse (A) sloting the (C)					0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0 = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	UNDERLYING CO	NDITION last.								
NO		II NT CONDITIONS CO		0						
ATI		BUT NOT RELAT	_		USEN'		EASE			
CERTIFICATION	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERAT			CH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING FAUSES OF DEATH?					
AL CE	OR CONTRIBUTING CAUSE OF home,			ACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltime farm, factory, street, affice bldg., INJURY OCCUR?			mare City, give	exact location)		
ICA		DEATH (notify medical examiner) etc.)								
MEDIC	OF INJURY	OF INJURY			URY OCCURRED 21F. HOW DID INJURY OCCUR?					
	(APPROX.)		☐ Al Work ☐							
	22. I certify that (H)(this hospital) attended the deceased from SEPT, 25 19 59 to FEB 28 19 65									
	that (1) (we) last	that (V (we) last saw the deceased alive an FEB-28 19.65 and that in (mx) (aur) opinion death accurred on the date								
		n the couses state	d abave. Ut (V	e) (dld) (di <del>d-not)</del>	) view the	body after death	•			
	23A. SIGNATURE			Attending [	AAad	Stoff -		E SIGNED		
	siving of corpusion					Med. Director	Stoff Phys.	FEB	. 28,196	5
	NAME (Type	1 0		,	23 D. ADD	K E 22	c . 11.	0 2	4.0	
	RUING	L. COOF	ERSTE	/N M.	1.501	VTEBELLO	STATE HOS	y. DAC	JO. MD	
24/	REMOVAL (Specify		24C. NAMI	e of CEMETERY of	CREM ATORY	24D.	LOCATION	(City, tawn, ar	r county) (S	tote)
	Burial	3 3 65	Me	adowridge		D	orsey, How	ard Co.	Md.	
25/	A. DATE REC'D BY H	EALTH DEPT.	5B. NAME OF R	The second second		FUNERAL DIRECTO	OR .		ADDRESS	
1/2	MAH	( ३ ।५७० (	Kolse J C	. Starber M.		of Cully	130	E. Fort	ve.	
Λ.2	150-REV. 1/1/65									



## This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, sund (6) No physician was in regular attendance on the deceased prior to death. FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	HEALTH DEPARTMENT		5 0004			
BIRTH NO. 65 2321	CERTIFICA	TE OF DEATH	Registered No.	55 2321			
M.E. CASE NO.		lo BANG AN	D HOUR OF DEATH				
Type of Print)	11 0		D HOUR OF DEATH	10			
Type of Print Danvov. E	Idora Bessi	e 2	127/15	11 1			
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	100000	4. USUAL RESIDENCE (When	e deceased lived. If insti	tution: residence before admiss			
		A. STATE B. COUN	TY				
		Marie	/	25-08			
FULL NAME OF (If not in hospital or institut oddiess or location)	ion, give street	1 1011416	177				
HOSPITAL OR oddiess or location)		C. CITY OR TOWN /Ilf out	tside city limits, write RU	RAL and give township			
/		Raltin					
A T WI'S	1/ 0	10011/1	10re				
HVAMILIA - QUILLY.	e trosa	D. STREET ADDRESS ' (If	furol, give locotion)	1			
Franklin Square		t21 Ca	6.000	1 2			
		1 Cu	JUY (U)				
	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeors	If Under 1 Yr. If Under 24 H Months: Doys Hours: Min			
Ti IA	OWED, DIYORCED (specify)	3/2/15	lost birthdoyl	Violinis Doys Hours Will			
11 10 /	1 acced	7/8//3	41				
DA. USUAL OCCUPATION (Give kind of work 108, KIN)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF			
one during most of working life, even if retired)		/		WHAT COUNTRY?			
Mana Lata		Mal		11 <			
MOSE WITE		114		K.S.			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΑE				
111111111111111111111111111111111111111	0 11'	1	2 1				
William Honivis /	OllMC	/Tnn.	1211260				
5. Was Deceased Ever in U. S. Armed Forces?	11/ 505111	17. INFORMANT	- Journa	ADDRESS			
2. Was Deceased Ever in U. S. Armed Folces! Yes, no al unknown) (If yes, give wor or dotes) of servi	ice) SECURITY NO.	" INFORMANT		ADDRESS			
1/2	J.Cokiii No.	Trans. lus		Sa- 0			
NO		1 19-11/		Dane			
18, / V	CAUSE O	E DEATH		INTERVAL BETWEEN			
15/5/	0,7002	· DEATH		ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY	4	0 1 0	0				
LEADING TO DEATH	/	Duran al Ha	PA -103 22 2	-			
	(A)	MICEL OF IN	- www.				
(This does not mean the made of dying,	e.g., DUE TO						
heart failure, asthenia, etc. It means the dise	1050,						
injury ar complication which caused death.)		4 m. A. 16					
ANTECEDENT CAUSES	(8)	mercara	sec)				
ANTECEDENT CAUSES	DUE TO	1-1-1-1					
DISEASES OR CONDITIONS, if any, gi	vina						
rise to the above cause (A) stating							
UNDERLYING CONDITION last.							
One Manual 1934							
OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING						
TO THE DEATH BUT NOT RELATED TO							
DISEASE OR CONDITION CAUSING IT.							
194. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES. WERE FIR	IDINGS CONSIDERED			
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED			IN CERTIFYING CAUS	ES OF DEATH?			
U 21 A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., i	n or about 21C, WHERE DID	(If in Boltimore (	City, give exoct locotion)			
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg. INJURY OCCUR?	in sommore	, go to exoct tocollotti			
▼ DEATH (notify medical examiner)	etc.)						
U							
21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
OF INJURY							
(APPROX.)	While At Work At Work						
		-					
22. I certify that (I) (this hospital) attend	ed the deceased from JA	trudey 2,	19 65 to 4kbe	uery 28 19 63			
I commy mor (i) (ims nospiror) difend	The second from	11					
that (1) (we) last saw the deceased alive	on Jebruary 28	19/65 and the	at in (my) (our) anini	an death accurred an the			
			,, (,				
and haur and from the causes stated abov	re. (1) (We) (dld) (did nat) .	view the body after death.					
		,	1.	DATE SIGNED			
23A. SIGNATURE	1//		2	38 DATE SIGNED			
1011-01		ending Med.	Stoff T	2/28/6/			
"YONE W	OO Phy	s. Director	Phys.	1010			
23 C. PHYSICIAN'S		23D. ADDRESS					
NAME (Type)	1/:	T. 1/11	0	11-1:1-1			
The Nama Kr	n Kim M.D.	KMMKlin	Jamare,	Hospita 1			
1340114 10	V \\( \( \( \) \\ \( \) \\ \\ \( \) \\ \\ \( \) \\ \\ \\ \\ \ \\ \\ \\ \\ \\ \\ \\ \	INVINION	27000				
4A. BURIAL CREMATION, 2AB. DATE	C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	OCATION (City,	town, o county) (State			
REMOVAL (Specify)	13 1 11:11	1	14.	2			
144111 -5- 5-65	(01 RL N.//	em Ba	110. M	0.			
SA DATE DECID BY WALLEY	AL OF DECISION	loca similari	, , ,				
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS			
1005 0							
MAD 2 TURN IN IT	Fr & Stallen M.D.	//C /	11/	2 Wa			
MAR 3 1965 R.C.	ent E. Jankey M.A.	x Syla u	the Wa	eyer Kess			
MAR 3 1965 (1266)	at E. talky M.A	1 Stephen	the Wa	agre Hess			



the chief medical examiner

and

of death

COUSE

contributing

on th

ance

attend 0

regular

=

MOS

death HO

unced 0

who are

physician

where

MOS

physician

å

9

and

kind;

any

of

fracture

4

3

burns;

8

to the hospital

any nature;

death.

prior

deceased

the 4

attendance

ar

baimed

E ng

the remains

Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered Na.

M.E. CASE NO. I. NAME OF DECEASED (Type or Print)

INSTITUTION

5. SEX

BIRTH NO.

EMIL SIMA

2. DATE AND HOUR OF DEATH

	February	7 28,	1965			,
D	ENCE (Where de	eceosed	lived. If institution:	residence	before	odmission

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

4. USUAL RES B. COUNTY

Maryland

(If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location)

445/1886

C. CITY OR TOWN (If outside city limits, write RUKAL and give township)

Baltimore

widowed

Ruzicka

MARRIED, NEVER MARRIED

WIDOWED, DIVORCED (specify)

D. STREET ADDRESS (If rurol, give location) 530 North Curley Street

530 North Curley Street #5

B. DATE OF BIRTH

14. MOTHER'S MAIDEN NAME

9. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthday Months Doys Hours

male white 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired)

6. RACE

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

Book Binder 13. FATHER'S NAME

Emil Sima

Mary Ruzicka 17. INFORMANT

ADDRESS

15. Was Deceased Ever in U. S. Armed Forces

6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.

Dorothy Bousman 621 Nottingham Road 215-01-0774 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving la the abave cause (A) stating the UNDERLYING CONDITION last. ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) (Month) (Doy) (Year) (Hourl 21F. HOW DID INJURY OCCUR? 21E, INJURY OCCURRED OF INJURY While At Not While [ (APPROX) At Work Work 22. I certify that (1) (this hospital) attended the deceased fram

that (1) (we) last saw the deceased alive an.

.19

and that in (my) (aur) apinian death occurred on the date

238 DATE SIGNED

and haur and from the causes stated above. (1) (We) (dld) (did not) view the body after death. 23A. SIGNATURE

Keles	9	f Scar	for
COPHYSICIAN'S	1	-	7

Director 23D. ADDRESS

Attending

M.D.

Sikorsky Albert E.

2939 McElderry Street

Med.

(City, town, or county)

24A. BURIAL CREMATION, 24B. DATE

Oak Hill Cemetery

24C. NAME OF CEMETERY OF CREMATORY

Baltimore. Md.

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

hospital death) the body was released must accident 10 approval O prior ŧ ceased D.0.

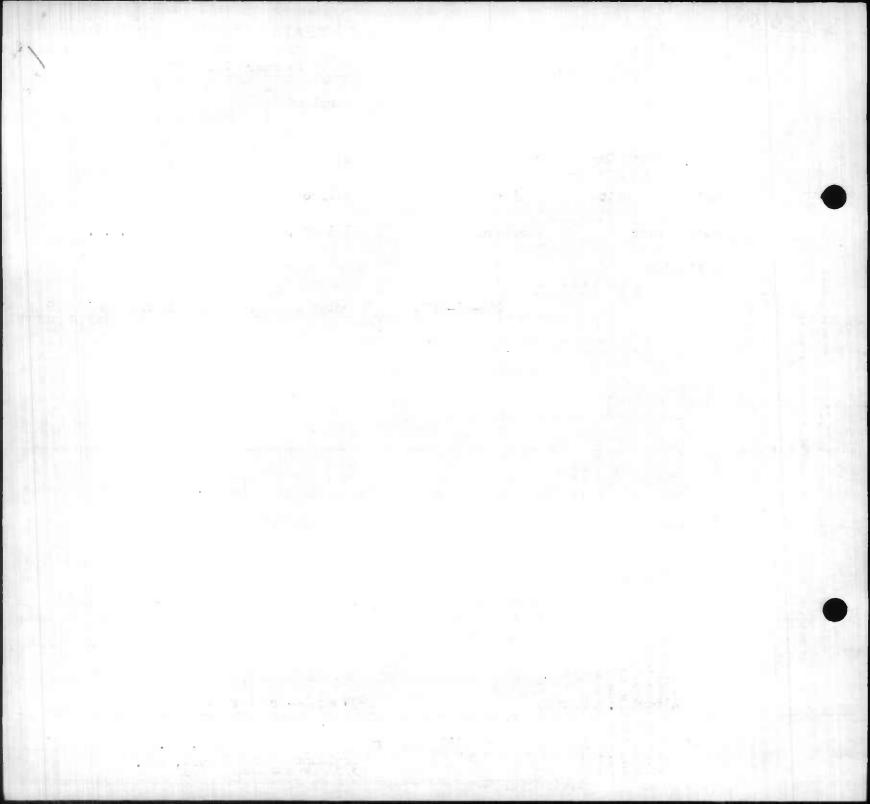
MOS

Burial

25B. NAME OF REGISTRAR

Schiminek Tuheral Home,

ADDRESS



the body

shows: Ö Was eceased

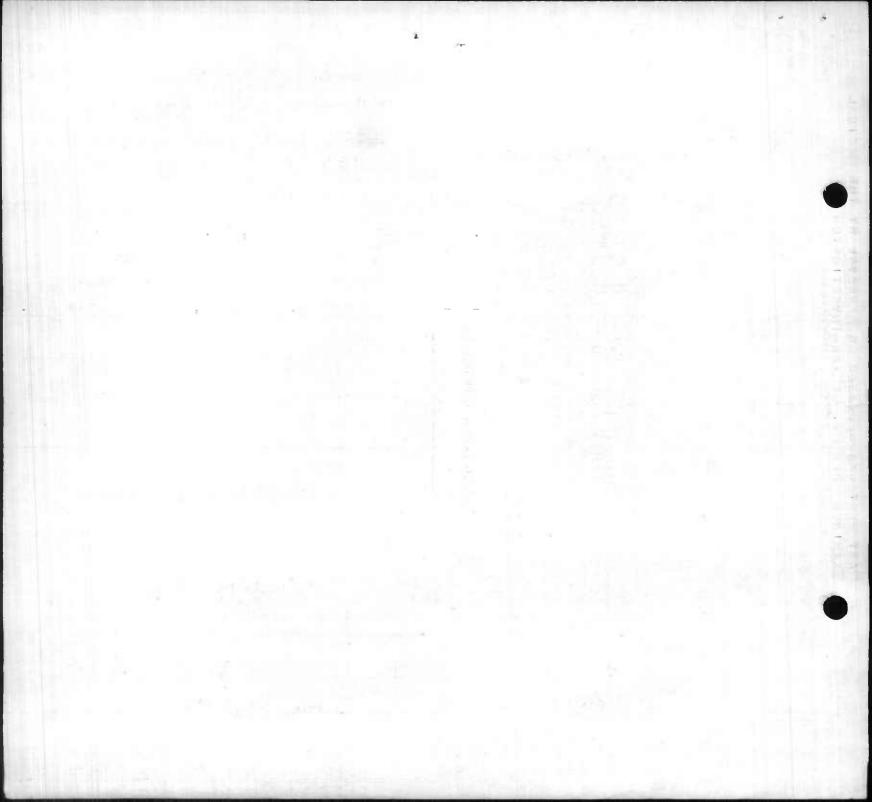
70

written

VS 150-REV. 1/1/65

OIL

3



deceased

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

258. NAME OF REGISTRAR

body

shows:

MOS

on the death

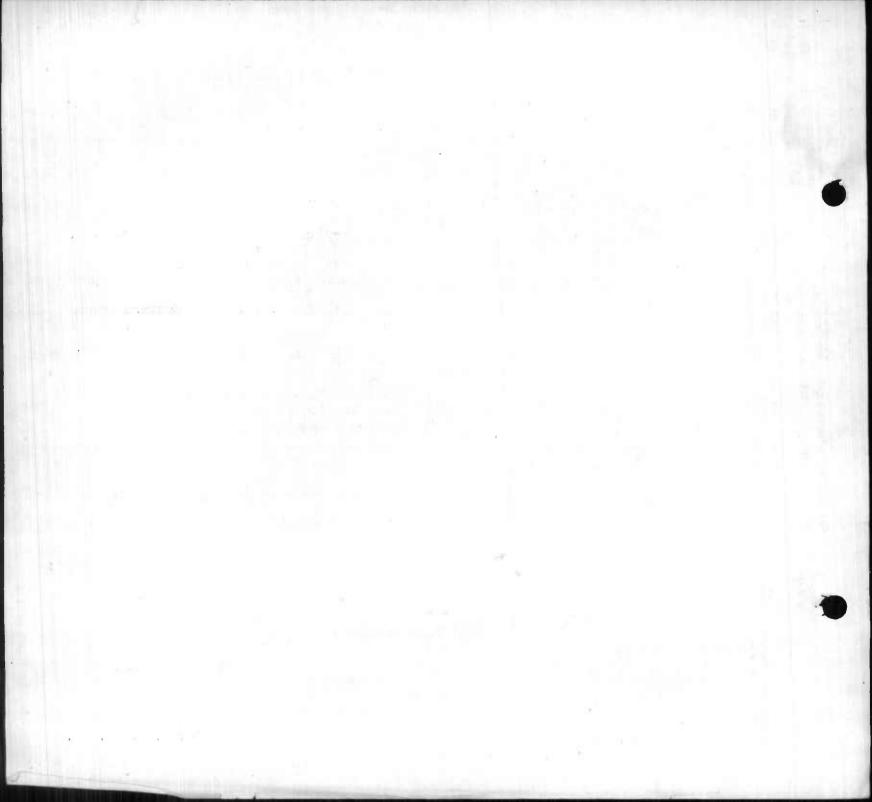
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH SIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Pont) Martina Birrane 3-2-65 8:30 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 8 COLINITY A STATE (If not in hospital or institution, give street FULL NAME OF Maryland HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Raltimore City Hospitals Raltimore 4940 Eastern Avenue D. STREET ADDRESS (If rurol, give location) Baltimore. Maryland 4810 Erdman Avenue 5. SEX 7. MARRIED, NEVER MARRIED S. DATE OF SIRTH 9. AGE (In years If Under 1 Yr. If Un Months Dovs Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdov) White 10-9-88 Widowed 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) done during most of working lile, even if retired) Housewife At Home U. S. A. Maryland

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Barnes Harriett Granger 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 4940 Eastern Avenue no RECORDS: B.C.H. CAUSE OF DEATH INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 5 Minutes LEADING TO DEATH (A) Probable Myocardial Infarction (This does not mean the made al dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) Arteriosclerotic Cardio Vascular ANTECEDENT CAUSES DUE TO disease with Coronary Insufficiency DISEASES OR CONDITIONS, il any, giving (c) Exogenous Obesity rise to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 & PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notily medical examiner) etc.) 21 D. TIME OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) Not While While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from 19 65 that (1) (we) last saw the deceased alive on.... and that in (my) (aur) apinton death occurred on the date ond hour ond from the couses stated above. (1) (We) (did) (did not) view the body after deoth. 23A. SIGNATURE 23B. DATE SIGNED Clearle Attending M.D. Med. Stoff 3-2-65 Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Robert Cooke .940 Eastern Avenue 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specily) written 6 Glen Haven Burial Glen Burnie, A. A. Co. Md.

25C. FUNERAL DIRECTOR Mc Cully.

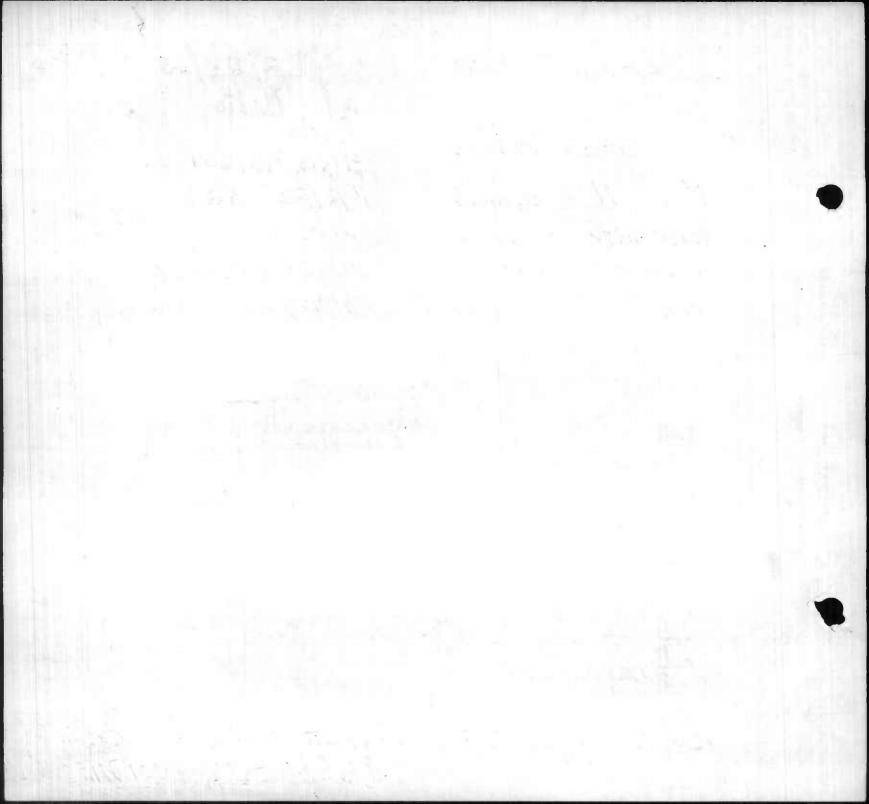
ADDRESS

130 E. Fort Ave



	05 0000	BALTIMORE CITY	HEALTH DEPARTMENT		0~				
	H NO. 65 2325	CERTIFICA	TE OF DEATH	Registered No	65 2325				
1, N	AME OF DECEASED  OF PRINTIPLE OF SOCIONAL SOCION	kum	2. DATE AND	HOUR OF DATH	220 0				
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	degeased lived. If instit	utian: residence before admission)				
H	ULL NAME OF (If not in haspital or institut IOSPITAL OR oddress or location)	ian, give streel	C. CITY OR YOWN THE SUIS	ide city limits, write RUI	(AL and give township)				
2	Sinal Has	pilal	D. STREET ADDRESS (III re	oral, give location)					
5. S		RIED, NEVER MARRIED DWED, DIVORCED (specify)		AGE (In years put birthday)	f Under 1 Yr. II Under 24 Hrs. Aanths Days Hours Min.				
	USUAL OCCUPATION (Give kind of work 10B. KIN	DOF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	n country)	12. CITIZEN OF WHAT COUNTRY?				
1		lome .	14. MOTHER'S MAIDEN NAM	NE 2	USA				
-	ALBERT FOSSET	+	MILLDRED	MADREN	/				
15. V (Yes	Ves Deceased Ever in U. S. Armed Forces? ,na arunknown)(If yes, give war or dates of serv	16. SOCIAL SECURITY NO.	MELDEEN LE	E. SOZNer	ADDRESS				
	18. O CONDITION DIRECTLY	CAUSE O	F DEATH	e- Juziveki	INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  DUE TO DEET ON STRUCTION CT LEAST 17 day  OUT TO DUE TO								
	heart laiture, asthenia, etc. It means the disc injury or complication which coused death.)  ANTECEDENT CAUSES	noma & Vterus	and	11 months					
	DISEASES OR CONDITIONS, if any, gi		raining Abron	st Capport					
	UNDERLYING CONDITION last.	2	erluary Former	1)	7				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTOR TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		,						
ERTIFIC,		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?				
LC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natily medical examiner)	21B. PLACE OF INJURY (e.g., in hame, form, factory, street, of etc.)	ar about 21C. WHERE DID INJURY OCCUR?	(If in Baltimare C	ity, give exact lacation)				
MEDIC	21D. TIME (Manth) (Day) (Year) (Haur) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At	21F. HOW DID INJU	PRY OCCUR?	/				
	22. 1 certify that (1) (this haspital) attend		9/11/11	9 65 ta	2/22 10/5				
	that (I) (we) last saw the deceased alive	3/20	1 12		in death accurred an the date				
	and hour and from the causes stated above	ve. (1) (We (did) (did nat) v	iew the bady after death.	12:	BB. DATE SIGNED				
	Sonala Rice	Phy	s. Director	Staff Phy s.	2/28/65				
	230. PHYSICIAN'S NAME (Type)	M.D.	23D. ADDRESS		1				
24A	BURIAL CREMATION, 24B. DATE	C. NAME OF CEMETERY OF CRI	MATORY 24D. LO	CATION (City.	town or county) Of (State)				
25A	DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIVECTOR	mgs pull	ADDRESS ON				
VS	MAR 3 1909 WG/GR	10 4, 4000	Mas Collate	ide pros	Time Geller				

8



DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X 2-27-65 SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S Rudiger Breitenecker NAME (Type) 23A. BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (Stote) (Gity, town, or county) REMOVAL Specifyl ifemostas omptown JUTIA 240 FUNERAL DIRECTOR 24A. DATE REC'D BY HEALTH DEPT. 248 NAME OF REGISTRAR ADDRESS VS 151-REV. 1/1/65

The last of the Balting Sol of Ed. With anti-many Personal Burne thedryne Styres referred the Home Your

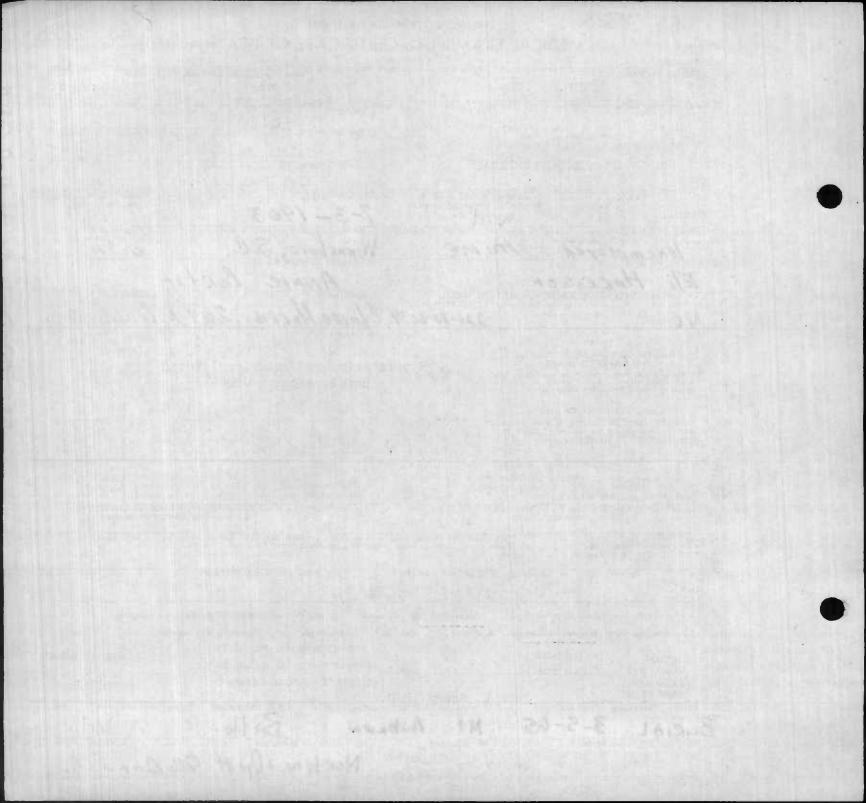
BALTIMORE	CITY	HEALTH	DEPARTMENT

Registered	Na.	65	2327
11091210100		70	10,71418

	TH NO. 65 2327	CERTIFICA	TE OF DEATH Registered No.	. 65 2327
1.5	LE CASE NO.  NAME OF DECEASED,  Pe or Print)  ALDERT  U	WALTER	2. DATE AND HOUR OF DEATH	4 0° AM.
	FULL NAME OF (If not in hospital or in hospital or oddress or location)		A. STATE 8. COUNTY  A. STATE 8. COUNTY  C. CITY OR TOWN (If outside city limits, write)	1201
Vi	INION MEMORIAL	Hospital (2/2/8)	BALTIMORE  D. STREET ADDRESS (If rurol, give locotion)  3 N. HADLEY SQU	ARE (21218)
5. :	SEX Male 6. RACE Whyle 7. 1.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (special)  ALLULL KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH 9. AGE (In yedge lost birthdoy)  11. BIRTHPLACE (State or foreign countly)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	ENGINEER	SAME	NEW JERSEY	AMERICAN
	MOSES WALTER		BERTLA ULMAN	
15. (Ye	Wos Decoosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of	215-03-5396	MRS, MARYW, WALTER W	ADDRESS IFEB N. HADLEY Sq.
	DISEASE OR CONDITION DIRECT	CAUSE O	despread Metastatic	ONSET AND DEATH
	(This does not meon the made of dyi heart failure, asthenia, etc. It means the injury at complication which coused dea	disease,	cinoma of prostat	2 VEADE
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise la lhe obave couse (A) slo UNDERLYING CONDITION loss.	OUE TO giving	J Photogram	F 11.38
ATION		TO THE		
CERTIFIC	2/5/65 WAS PERFORM	ON FOR WHICH OPERATION MED  A GPAOSTAT  21 B. PHACE OF INJURY (e.g., in home, form, foctory, street, of	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?  DIE City, give exact facohon)
MEDICAL	DEATH (notify medical examiner)  21D. TIME (Month) (Ooy) (Year) (H	etc.)	21F. HOW DID INJURY OCCUR?	
	22. I certify that (1) (this hospital) at that (1) (we) last saw the deceased a	tended the deceased fram	1/2-2	2/27 19 65 pinian death accurred an the date
	and hour and from the couses stated 23A, SIGNATURE  Lean  Le	M.O. Alte	ending Med. Stoff Phys.	238, DATE SIGNED 2/27/65
		ENNE / M.O.	UNION MEMORIAL	Hospital
24	A. BURIAL CREMATION, 24B. DATE  SEMOVAL (Specify)  A. DATE REC'D 87 HEALTH PEPT. 25B	24C. NAME OF CEMETERY OF CRI	RUMAN 24D. LOCATION 24D. LOCATION 25 PURPLE RESULT	City, town, or county) (State)  LU - 2/2/8  ADDRESS
VS	MAR 3 /1965 (L)	Reels La Jarley M. A.	Stern and Morry	10108Wyon

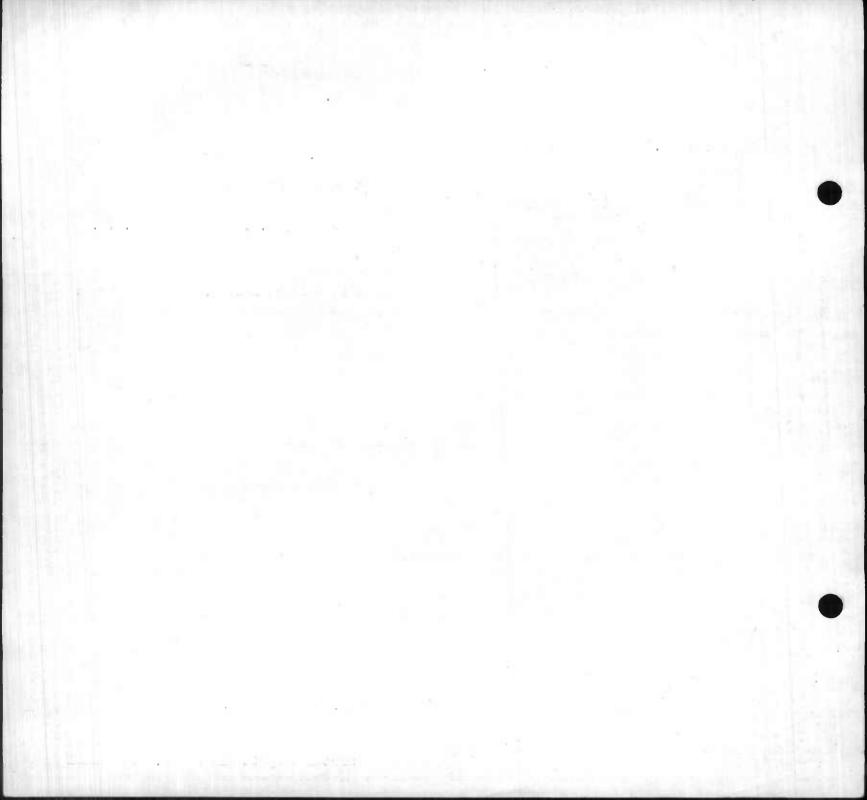
- The state of the

1 _1 _	65 2328 BALTIMORE CITY HEAL	55 2728
7-272		ERTIFICATE OF DEATH Registered No.
	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	(Type or Print) MARY JOHNSON	March 1, 1965 2:50 P.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	HOSPITAL OR ADDRESS OR LOCATION)	Baltimore /602
7	PROVIDENT HOSPITAL	D. STREET ADDRESS (If rurel, give location)
		1301 Harlem Avenue
	Female Negro 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	7-3-1903  9. AGE (In yeors   If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
	IDA. USUAL OCCUPATION (Give kind of work TOR. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if relized)  UNE mployed Home	WINNSboro, D.C. 415.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	Alina Hapir 2 MM W Buill St
	118. CAUSE	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH (A) Hyper	tensive and arteriosclerotic
	(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	cardiovascular disease
	ANTECENDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		NO   In or obout 21C. WHERE DID (If in Boltimore City, give exect location) office bldg., INJURY OCCUR?
	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
	OF INJURY	WHILE -
	22. I certify that I held on Inquiry Inspection 💢 Au	topsy ond that on this basis, death in my opinian
	resulted from: Natural couses Accident Sulcid	Homicide Undetermined manner
	ACTUAL Of Chelan	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER & 3-2-65
	EXAMINER'S NAME (Type)  John E. Adams, M.D	
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	BURIAL \$-5-65 Mt. Aub	Men DAlto. Md.
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
	MAR 3 1965 Robert E. Farley M. A.	Morton + Lyett 916 Roma Ave.



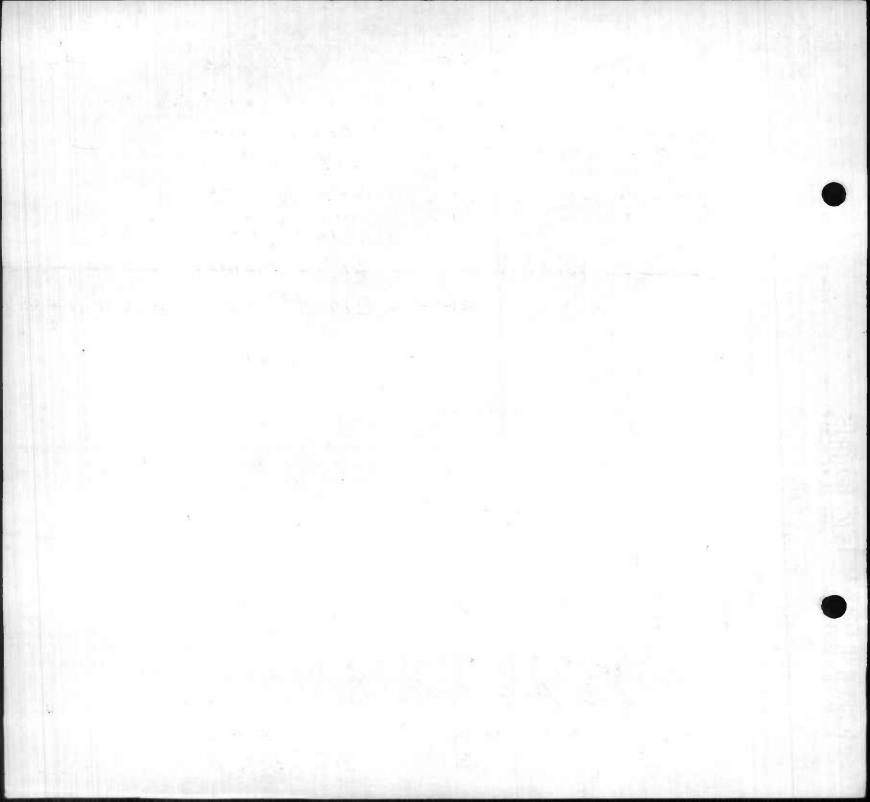
FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	65 2329		BALTIMORE CIT	Y HEALTH	DEPARTMENT		65 000	0
BIRTH NO.			CERTIFICA	ATE C	F DEATH	Registered No.	65 232	y
M.E. CASE  1. NAME O  (Type or Print)	DECEASED				2. DATE AN	D HOUR OF DEATH		_
(Type of Fill	John Wallace	9			3-3	1-65		
3. PLACE C	PLACE OF DEATH IN BALTIMORE, MARYLAND			A. STAT		e deceosed lived. If i	institution: residence before	odmi:
HOSPITA	FULL NAME OF (If not in hospital or institution, give : HOSPITAL OR oddress or location) NSTITUTION		give street		OR TOWN (If out		RURAL and give township)	
1919	W. Saratoga Str	eet			Baltimore ET ADDRESS (IF	rurol, give tocotion)		
5. SEX			NEVER MARRIED	-		9. AGE (In years	If Under 1 Yr. If Und	lar 2/
Male	Negro	WIDOWE	o, divorced (specify) arried	7-	4-1893	tost birthdoyl	Months Doys Hours	N
done during i	OCCUPATION (Give kind of world most of working lile, even if retired) orter	10B. KIND O	BUSINESS OR INDUSTI		HPLACE (Stote or forei		12. CITIZEN OF WHAT COUNTRY?	
3. FATHER					HER'S MAIDEN NA			
	Andy WA	LLA	ce	1	icinda	. /	00	
5. Wos De Yes, no or ur	ceased Ever in Ú. S. Armed For known) (If yes, give wor or dote	. S. Armed Forces? 16. SOCIAL 17. INFORMANT				ADDRESS		
18.	1B. CAUSE OF DEATH						INTERVAL BETY	
	DISEASE OR CONDITION DIRECTLY						ONSET AND D	
	LEADING TO DEATH					1.00200	1000	1
(This o	(This does not mean the mode of dying, e.g., DUE TO				7626	CAT 17 75 10 1 - C	( )	
	heart failure, asthenia, etc. It means the disease,							
injuly	injury or complication which caused death.)							
	ANTECEDENT CAUSES (B)					***************************************		
DISEA	DISEASES OR CONDITIONS, if ony, giving							
UNDE	UNDERLYING CONDITION last.							
E TO T	SIGNIFICANT CONDITIONS C HE DEATH BUT NOT RELA	ATED TO TH			1 .			d
1	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			20 A.	AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
U 21 A. A.	CCIDENT WAS UNDERLYING THE	hon	PLACE OF INJURY (e.g., ne, larm, loctory, street,	, in or obou office bldg.	21C. WHERE DID	(If in Boltimo	re City, give exoct locotion	1)
ō	(notily medical examiner)	etc				114		
O 21 D. TI			. INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?		
(APPRO			nile At Not W					
20 1	22. I certify that (I) (this hospital) attended the deceased from BCTS 1955 to Maccl 196							
					-			
that (I	(well lost sow the decease	ed olive on	-e5 66	19	ond th	ot in (my) <del>(our)</del> op	inion death accurred or	n th
ond ho	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
23A. SIG	SNATURE						238, DATE SIGNED	_
110	00	11	M.D. A	ttending [	Med.	Stolf	3-1-64	-
	Muson V	714		hys.	- Director	Phys.	3-1-67	
23 C. PH	YSICIAN'S ME (Type)			23D. ADD	RESS	- 0	A.4	
141.	262	-11	tto M.C	17.	NW	-PONDAGE	It Della	
24A. BURIA	L CREMATION, 1248, DATE	SAC N	11-	REMATORY	24D. L	OCATION (C	The bown of the bound	154
REMO	VAL (Specify)	5 N	1+. Aubi	PN	BA	2 Ho.	City, town, or county)	d.
25A. DATE	REC'D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C.	FUNERAL DIRECTOR	t.t. 916 Pann	ADDRESS 21201	- 1
	MAR 3 1965	Mobier	Y C TAMBER	0 7		720 20111		
S 150-REV	. 1/1/65			-				

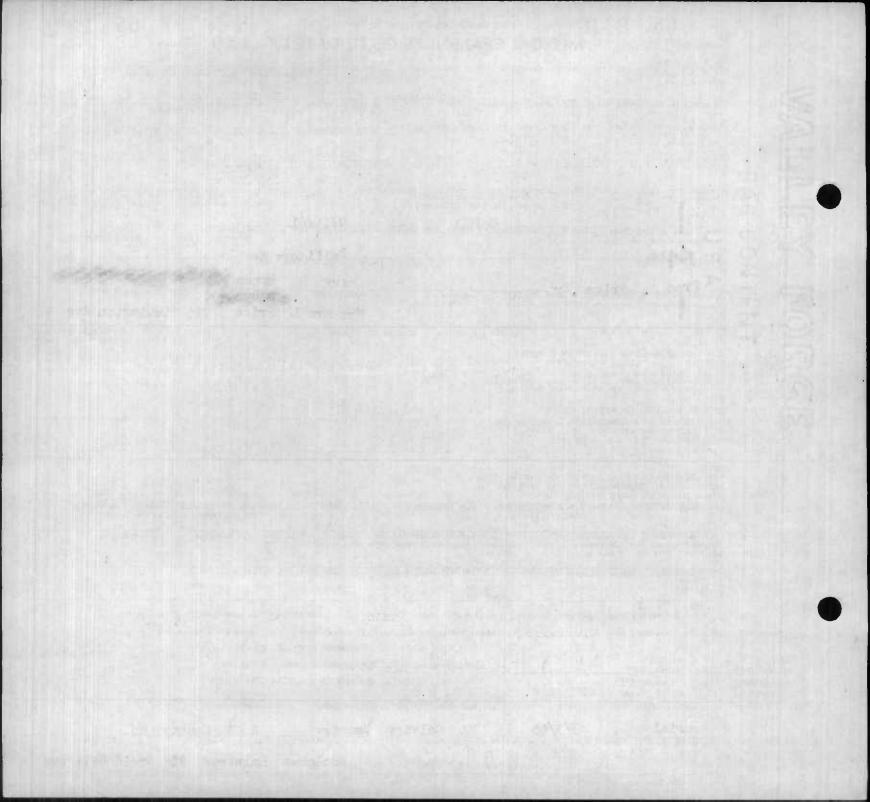


VS 150-REV. 1/1/65

			BALTIMORE CITY	HEALTH DEPARTMENT		Cr Co
	BIRTH NO. 65 2	330	CERTIFICA	TE OF DEATH	Registered No.	65 2330
	T. NAME OF DECEASED (Type or Print) SAM U	el wil	Lis	2. DATE AN	7 65	1505 pg M
	3. PLACE OF DEATH IN BALTII	in hospital or institution,	give street	A. STATE MARY	LANd	itution: residence before admission)
1	George WAS	sh. CAR Ve	e Nurs. Home		ORR	JRAL ond give township)
		A. AVE		614 COR	Nell 5	TREET
		RO WIDOWED	NEVER MARRIED DIVORCED specify)	12-23-79	85	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	done during most of working life, eve		BOSINESS OK INDUSIKI	Viegin	gn country)	12. CITIZEN OF WHAT COUNTRY?
	HONR V	MIZLIS		14. MOTHERS MAIDEN NAM	e Ida N	
	15. Was Deceased Ever in U. S. (Yes, no or unknown) (II yes, give	Armed Forces? wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	1/0	ADDRESS
	1B. DISEASE OR COND	ITION DIRECTLY	215-03-0564 CAUSE OI	DEATH TENT	67	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the heart foilure, osthenia, etc.	mode af dying, e.g., Il meons the disease,	DUE TO	ncho Yneumo	nia	6 days
	injury or camplication whi		(B) Ay	riosclerosis C	pliterans	Unbrown
	DISEASES OR CONDITION rise to the above condition UNDERLYING CONDITION	use (A) sloting the	(c) flyp	partensu Agci	Pisecs .	Unfessour
	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO TH	Pyelone		10	Unknown
C	Sept 46	WAS PERFORMED  AMPLE  FOLUNIS	etation-Bilat	20A. AUTOPSY? (Yes or No		
	OR CONTRIBUTING CAU	SE O F hom etc.)	e, form, foctory, street, of	fice bldg., INJURY OCCUR?	tir in boinmore	City, give exact location)
	21 D. TIME (Month) (Do OF INJURY (APPROX.)		ile At Not While	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this that (I) (we) tast saw the		He deceased from 766, 24	The same of the sa	of in (my) (our) opini	b. 27 1965,
	ond haur and from the co	uses stated obove. (I		iew the bady after deoth.		23B, DATE SIGNED
	23C. PHYSICIAN'S	et,		Med. Director 13D. ADDRESS	Stoff Phys.	2/27/65
	NAME (Type)	= Holf	M.D.	37/5 hiberty	HytrAv	2.
	Purial CREMATION, 24B REMOVAL (Specify) Burial		hnond	1	irginia (City,	, town, or county) (State)
	25A. DATE REC'D BY HEALTH	1965	E STOLKUHUN	25C. FUNERAL DIRECTOR	tend 91	8 Dund Hillau.



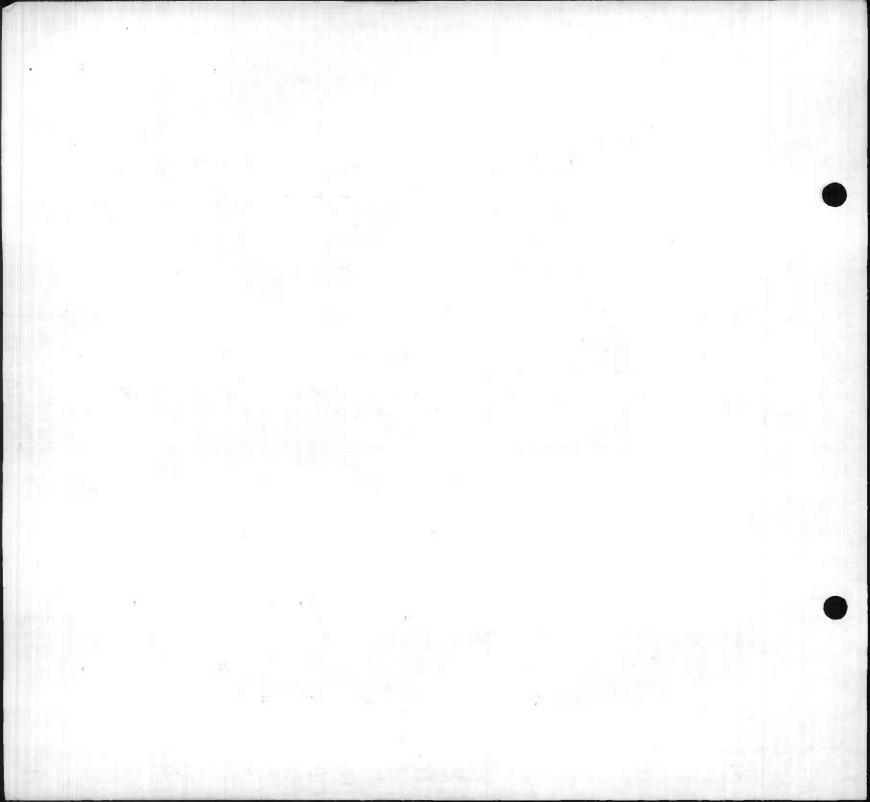
65 2331 BALTIMORE CITY HEAL	TH DEPARTMENT 65 2331
BIRTH NO. 61-27034 MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
FRED PRICE, Jr.  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	2-28-65 2:45 P.M.  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission B. COUNTY  Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write AURAL and give township)  Baltimore
PROVIDENT HOSPITAL - DOA	D. STREET ADDRESS (If rurol, give locotion) 715 Newington Avenue 21217
5. SEX Male Colored  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	9/15/61
Child 13. FATHERS NAME	Baltimore Md
Fred I Drice S.	Mary L Bynum 715 to ing on ave
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	Mrs Mrs L Price 715 Newington Ave
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)  ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  Z	Interstitial pneumonitis
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 17.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes
UNDERLYING OR CONTRIB-	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
21D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED WHILE AT WORK AT W	21 F. HOW DID INJURY OCCUR?
22.   1 certify that I held on Inquiry   Inspection   Aut	topsy 🛮 ond that on this bosis, deoth in my apinion
resulted from: Natural causes Accident , Suicide	
131, 11, 1	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.  EXAMINER'S NAME (Type) PETER W. RIECKERT, M.D	ASSISTANT MEDICAL EXAMINER 3-1-65
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	or CREMATORY 23D. LOCATION (City, town, or county) (State).
Burial 3/3/65 Mt Calvary	Cemetry A A County Md
MAR 3 1965 P P S S S S S S S S S S S S S S S S S	24C. FUNERAL DIRECTOR ADDRESS



) -	6	1 4
	Y	10
	+	P 6
	8 8	+
	- 5	9 5
	8	0 0
	-= 0	egular attendance on the
	S	~ 5
	0 9	5
	E 5	40
	9 0	9 5
	= -	5 5
	·= 0	0 =
	ਰ .=	
	2 5	2 2
	7.0	==
	O E	30
	0 =	10
	- 0	6 -
	± .	2 0
	0	D
	0 .	D &
	4 0	~ 3
-	- 9	2
7	E 70	٠, ٢
7	8	9 5
2	St	.= 0
0	- S	AA
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
2	10	e a
-	= 0	4 5
2	S	0 3
	0 A	9 6
	<b>-</b>	5 0
04	9	せる
0	-= =	0
-	E .E	+ 0
Ü	0 5	4 5
ш	XX	~ 5
2	_ 0	2 5
<b>=</b>	0 -	
-	.≅ 8	ns ic
	9 7	7
4	F 0	3 6
2	T E	2
ш	0_	0 0
Z	E 0	20
7	0 >	-
U.	9 3	xcept where
	+ 5	)
	>.=	9-
	2 0	2 5
	Pos	= =
	2	9
	0 0	2
	9 5	E 6
	0.0	0
	0 7	0
	9 7	+ .=
	- 65	E 0.
	S	de os
	5 0	- i
	E 0	0 8
	0 5	-
	0 0	5 8
	:= }	- 4
	= >	EX
	- 0	0
	200	SO
	S	S
	This certificate must be a	hows: (1) An accident of vas D.O.A. at a hospital
	F +	N 2

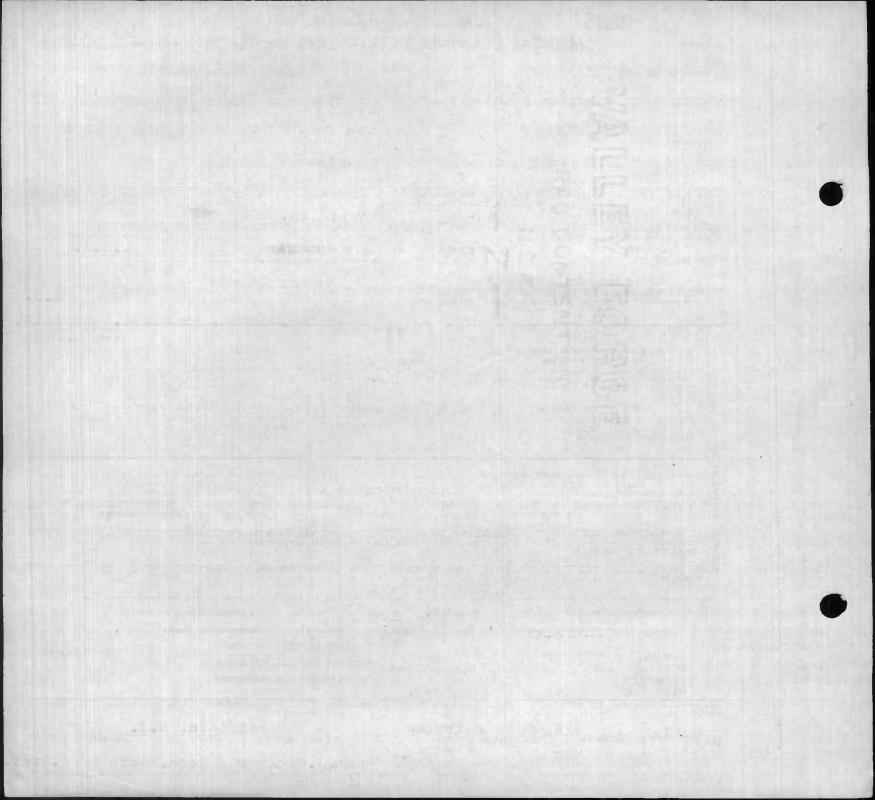
				BALTIMORE CITY	HEALTH	DEPARTMENT		
	RTH NO.	55 23	32	CERTIFICA	TE O	F DEATH	Registered Na	65 2332
1,	M.E. CASE NO.  1. NAME OF DECEASED					2. DATE AN	D HOUR OF DEATH	
	Clarence Braxton				Mai	cch 1, 1965	11:50 a.A	
3.	PLACE OF		MORE, MARYLANI		4. USU/ A. STAT	AL RESIDENCE (Whe	re deceosed lived. If ins	stitution: residence before odmission
	FULL NAMI	E OF (If not	in hospitol or instit	tution, give street	Ma	ryland or town (If out	70	<b>^</b> .
4	INSTITUTION	Provider	nt Hospit	al	11		Iside city limits, write R	URAL and give township)
6	1		vision St			ltimore (If	rurol, give location)	13-01
1			re, Maryl					
5	SEX	6. RACE		RRIED. NEVER MARRIED	-	OO Mountmo	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
	Male	Negro	M	oowed, divorced (specify) arried	7-	25-1899	lost birthdoys	Months Doys Hours Min.
				ND OF BUSINESS OR INDUSTRY	11. BIRTI	HPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)			Ma	ryland		USA		
13. FATHERS NAME			14. MOT	HER'S MAIDEN NA	ME	V. V. I.		
	Mitton Braxton			1	45516			
	Was Decen	sed Ever in U. S.		1 6. SOCIAL	17. INFO			ADDRESS
()	es, no or unkno	wn) (If yes, give	wor or dotes of se	rvice) SECURITY NO.	1/		,	
	Yes	WW	1	231-07-9302	Vern	NICA DI	axton 15	00 Mount more
	18. 4.20.11 CAUSE				F DEATH			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY						011321 11110 0011111	
	LEADING TO DEATH				e myc	cardial in	nfarction	
	(This does not mean the mode at dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,							
	the state of the s					rterioscle	rosis of co	ronary
	ANTECEDENT CAUSES  (B) FIGURE TO			eu ai	CCITODOTO	1	ronary g of lumen.	
	ise to the obove cause (A) stating the (C)		tery	with mark	ed narrowin	g of lumen.		
	UNDERLYING CONDITION last,							
:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
i	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			congr	estion and	edema		
		OF OPERATION		FOR WHICH OPERATION				INDINGS CONSIDERED
-		J. J. LANION	WAS PERFORME			V	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
-	21A. ACCI	DENT WAS UND	ERLYING	218. PLACE OF INJURY (e.g., i	n or obout	Yes.	(If in Boltimore	City, give exoct locotion)
	OR CONTI	RIBUTING CAU	SE OF	home, lorm, foctory, street, o				on, green and instance.
-	OF INJURY		by) (Year) (Hou	21E, INJURY OCCURRED		21 F. HOW DID INJ	URY OCCUR?	
:	OF INJURY			While At Not While Work At Work	nile			
	22 1	of al. a (1) (al.)	- h t - 1\ - + + -			27	19 65 10 Marc	h 1, 1,65
				Manch 7	brua.			
				e on March 1,			ot in(my) (our) apin	lan death occurred on the da
		//	uses stated ob	ave, (I) (We) (did) (did not)	view the	bady after death.		
	23A. SIGN	/	11	)'~ ()		4407	5 · #	23B, DATE SIGNED
	N	alled X	um an	M.D. Att. Phy	ending	Med. Director	Phy s.	March 2, 1965
	23C. PHYSI	CIAN'S E (Type)	WE J		23 D. ADD	RESS		
	NAMI	Hollis	Seunarine	M.D.	1514	+ Division	Street	
2	4A. BURIAL C			24C. NAME of CEMETERY OF CR				y, town, or county) (State)
	PREMOVA	L (Specify)	1.1.	R 4 11-11	1	1	> 14 .	/
1	Byrig	( 3)	3/65	NG/16. NGTL.	(8)	m. 15	4/TIMONY	e, Md.
12	DA. DATE REC	MAR 3	1965	AME OF REGISTRAR	25C.	FUNERAL DIRECTOR	110 12.11	ADDRESS
L		mult 9	1200 0	MUC Janeumy	ne	flore A.	Kelon 1346	31. Callor Sol

VS 150-REV. 1/1/65



65 9990

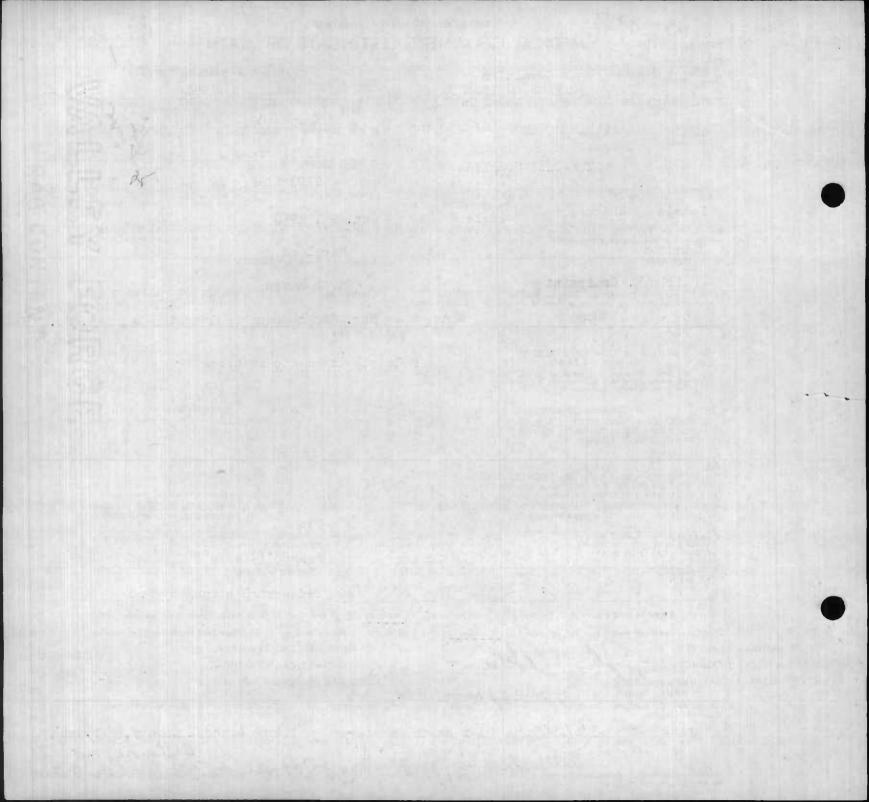
IRTH NO.	MED	ICAL EX	AMINER'S C	ERTIFICA	TE OF	DEATH Registe	ered No	たひむい	
M.E. CASE NO.									
1. NAME OF DI	ECEASED				2. DATE AN	ND HOUR PRONOUNC	ED DEAD		
tiype or rinii	JOSE	PH SULZE	R		Mar	ch 1, 1965	1 3:	05 P. M.	
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE	DENCE (Where	deceased lived. If inst	titution: residence be	efore odmission)	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET		aryland	de corporote limits, write	e RURAL ond give	to wnship)	
A	2307 N. Ch	arles St	reet		altimor	e I, give location)	12-1	9.6	
<i>y</i>						Charles Stre	et	82501	
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIR	тн	9. AGE (In years	If Under 1 Yr. 19 Months   Doys ;		
Male	White	Div	orced	April	,25,19	02 62		1	
	CUPATION (Give kind of wor f working life, even if retired)	KIOB. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or forei	gn country)	12. CITIZEN OF WHAT COUI	NTRY?	
	ent	Insu	rance	Au	stria		U.S.		
3. FATHER'S NA			101100	14. MOTHER'S					
~	hamles Cule				1 - 5				
	harles Sulz		16. SO CIAL	17. INFORMANT	usta D	ecrow	ADDRESS		
	n) (If yes, give wor or dot		SECURITY NO.	IV. INFORMATION			ADDRESS	N.J	
	The second second				T	10 E D	- 2 CL 1.7-	-4-6-1	
118. / 7/			CAUS	E OF DEATH	Inc. 3	18 F. Broz	ad St. We	AL BETWEEN	
1//	X		CAUS	L OI DEAIII				AND DEATH	
DISE	ASE OR CONDITION D	RECTLY	n	1 6. • 1					
/***	LEADING TO DEATH		(A)	l failure	******************			************	
heort foilur	not mean the made of e, asthenia, etc. It means	dying, e.g.,	DUE TO						
injury or c	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)								
	ANTECENDENT CAUSES (B) Hydronephrosis and chronic pyelonephritis								
DISEASES			(B) Hydr	onephrosi	s and c	nronic pyelo	nephritis		
RISE TO T	GOR CONDITIONS, IF A	TATING THE	DUE TO C	arcinoma	of pros	tate			
	ING CONDITION LAST.						8.848		
Z			(C)						
OTHER SI	il il								
OTHER SI	GNIFICANT CONDITIONS						10 mm		
DISEASE	DEATH BUT NOT RE		Fatty m	etamorpho	sis of	liver			
<b> </b>	F OPERATION 198, CON					20B. IF YES, WERE FI		RED	
8	WAS PER		THE STERNISH			IN CERTIFYING CAU			
- PARTONI	A1 - CANCE WAS			Ye	_	Yes			
	AL CAUSE WAS	21 B. I	form, foctory, street,	office bldg. INIU	WHERE DID	(If in Boltimore City, gi	ive exoct location)		
	USE OF DEATH.	etc.)							
Z 21 D TIME	(AA 11) (B ) (V	) (11 ) [2]	IE. INJURY OCCURRED	015 4	IOW ND IN	URY OCCUR?			
OF INJURY	(Month) (Doy) (Yea	r) (Hour) 21	IE. INJURT OCCURRED	21r. 1	IOM DID INJ	OK! OCCUR!			
(APPROX.)		m. W	HILE AT NOT	WHILE VORK					
22.		- III.		TORK -					
	ertify that I held on	nquiry	Inspection Au	topsy _ o	nd that on th	nis basis, deoth in r	my opinion		
	ulted from: Notural co		anidant Suini	le Hemi	-ida 🗆	Undetermined mann			
1030	110m 110m 110101 CO	0303 (AL)	ccideiii Joicii						
	014	- 1	1	CHIEF	MEDICAL E	XAMINER	DAT	E SIGNED	
SIGNA		· /sh	In wi	ASSISTANT	MEDICAL E	XAMINER X		_ 5.6	
		1	Car. Mo L	ASSOCIATE			3-9-6	5	
NAME	NER'S	John 17	4.1 W D	ASSOCIATE	MEDICAL L	.AAMINER [	3-9-0	))	
23A. BURIAL CR			Adams, M.D.	O. CREAL ATORY	laan	LOCATION (City,	, town, or county)	(Stote)	
REMOVAL (Spec		230	S. IVANIE OF CEMETERS	OF CREIN A LOKT	230.	LOCATION (City,	, lown, or county)	(SIOTE)	
D	3/6	165	Fairview		INIC	estfield,	N.J.		
24A. DATE REC	D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNE	RAL DIRECTO		ADDRESS		
The state of	2660 0 4000	A	0 7 0	1.01.1014	Dike Cio		ADDRES.		
	MAK 3 1965	OR Pacifi	E TarkuM.R	Wm	Tickr	ner & Sons	. North &	Pa.Av	
140 151 551		4 concor							
VS 151-REV. 1/1	1/65	1 30	edity print		()				



VS 151-REV. 1/1/65

5	65 2334  BIRTH NO. 57-31925  M.E. CASE NO.	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No.	6
	1. NAME OF DECEASED	Geraldine	2. DATE AND HOUR PRONOUNCED DEAD	

	CASE NO.	) ) (	MEDI	CALEX	AMINER 5 CI	KTIFICAT	E OF D	EAIU Kegisi	ered No.	
1. N (Typ	AME OF DEC	EASED		JS CROI			1000	HOUR PRONOUNG	11:30 P.M.	
FUL	LACE IN BALT	(IF NOT IN	AND, WE	L OR INSTITU		March 1, 1965  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE  Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
IN ST	TUTION			ry hosp	ITAL	Baltimore 2533  D. STREET ADDRESS (If furol, give locotion)				
	Female	6.RACE White		Sin	NEVER MARRIED DIVORCED(specify) gle	Oct. 24.	1958	9. AGE (In years lost birthday)	Months, Doys, Hours, Min.	
done		vorking life, even		IOB. KIND OF	BUSINESS OR INDUSTRY	Mary	land	country)	12. CITIZEN OF WHAT COUNTRY?	
3.1			aaant							
	VAS DECEASE	W. Croi	AMMED		16. SOCIAL	Saran 17. INFORMANT	Reese		ADDRESS	
fes	, no or unknown) No	(If yes, give w		of service)	None	Mrs San	ah Pan-a	Cood sec-4	2103 Sidney Avenue t Baltimore, Md. 3	
CERTIFICATION	(This does in heart foilure, in jury or con A DISEASES (RISE TO THE UNDERLYIN)  OTHER SIGN TO THE DISEASE OF		DEATH mode of It meons coused d  CAUSES NS, IF AN SE (A) ST, N LAST.  DITIONS C NOT REL. CAUSING	dying, e.g., the disease, eath.)  NY, GIVING ATING THE  CONTRIBUTIN ATED TO TI IT. DITTON FOR V  ORMED	(B) DUE TO  (C)	Ye	? (Yes or No) 20 IN	DB. IF YES, WERE F	es	
MEDIC	21A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?  Street  Annapolis Road & Kent Avenue  21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED  21F. HOW DID INJURY OCCUR?									
	(APPROX.)	APPROX.) 2 28 65 6:25 P. WHILE AT NOT WHILE X Pedestrian struck by auto								
	ACTUAL SIGNATI EXAMIN	ER'S	rural cau	Efelo	Suicident Suicide	Hamicie	de Un EDICAL EXA EDICAL EXA	MINER		
	NAME (1	MATION, 238.	DATE		Adams, M.D.	CREMATORY	23 D. LO	CATION (Cit	y, town, or county) (State)	
]	NOVAL (Specify Burial DATE REC'D	BY HEALTH DE	/6/196 PT. 1965	24B, NAME	Hen Haven Cer of Registrar				timore, mod. 17	



E536

65	2335		BALTIMORE CITY HEA	LTH DEPARTMEN	T		65	2225
BIRTH NO.	MEDI	CAL EX	AMINER'S C	ERTIFICAT	E OF D	EATH Register	ed No.	-000
M.E. CASE NO.								
1. NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNCE		
Crype of Thin	Anna Ma:	rie Endr	res		3-1-6	5	8:4	45 A M.
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDI		eceosed lived. If instit B. COUN	ution: residence bef	ore odmission)
HOSPITAL OR	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			c. city or tow		corporate limits, write	RURAL ond give to	wnship)
531	Belnord Avenu	e		D. STREET ADDR		nive location)		
331	Doziloza ilvella			h 1.	nord Av			
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birth (ay)	If Under 1 Yr. II Months, Doys, F	Under 24 Hrs.
Female	White		rorced	April 7,	1881	83		
	EUPATION (Give kind of work working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	State or foreign	country)	12. CITIZEN OF	TDV2
Homem				Chesterto	wn. Mar	vland		TRI ?
13. FATHER'S NA				14. MOTHER'S MA		7		
?	Keating			?				
	ED EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT 2304 E. Coldspring Land				
(Yes, no or unknow	n) (If yes, give wor or date	s of service	SECURITY NO.	26 0 1	* 17	1 Roltin	ore Md	21214
			CALLS	Mr. Gordo	n J. En	dres Baltimo	INTERVA	AL BETWEEN
DISEA	ASE OR CONDITION DI LEADING TO DEATH not meon the mode of e, osthenio, etc. It meons omplication which coused				c cardi	ovascular d	ONSET	AND DEATH
ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
Z			(C)			***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  10						ED.		
UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, loctory, street,	in or obout 21C. Woffice bldg., INJURY	HERE DID (III	in Boltimore City, give	e exoct location)	
21 D TIME OF INJURY IAPPROX.)	(Month) (Doy) (Yeo		VHILE AT NOT NOT NOT NOT	WHILE ORK	W DID INJUI	Y OCCUR?		
22.	rtify that I held on I	nguiry 🗌			that an this	bosis, death in my	y opinion	

Suicide \_

23C. NAME of CEMETERY of CREMATORY

Holy Redeemer Cemetery Bal 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

Homicide \_\_\_

CHIEF MEDICAL EXAMINER

23D. LOCATION

ASSOCIATE MEDICAL EXAMINER

Undetermined monner

Baltimore, Maryland

DATE SIGNED

3=1-65

(Stote)

(City, town, or county)

resulted from: Notural causes X

23B. DATE

PETER W. RIECKERT, M.D.

ACTUAL SIGNATURE

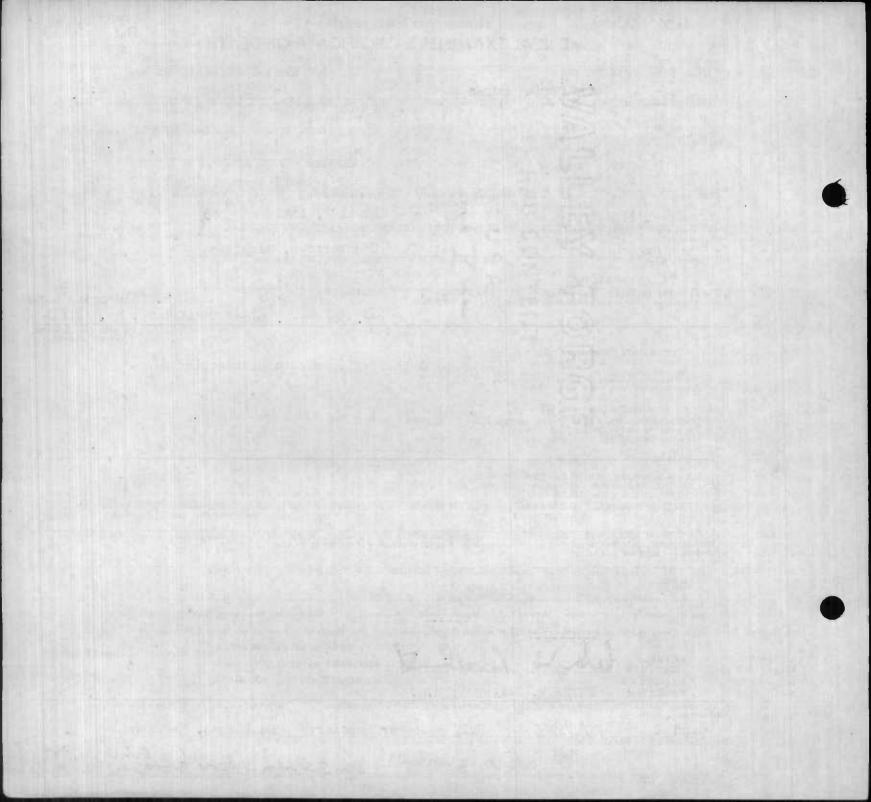
VS 151-REV. 1/1/65

EXAMINER'S

NAME (Type)

23A, BURIAL CREMATION,
REMOVAL (Specify)

Burial 3/4/1965



2336

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED

(Type or Print)

VS 150-REV. 1/1/65

the

and

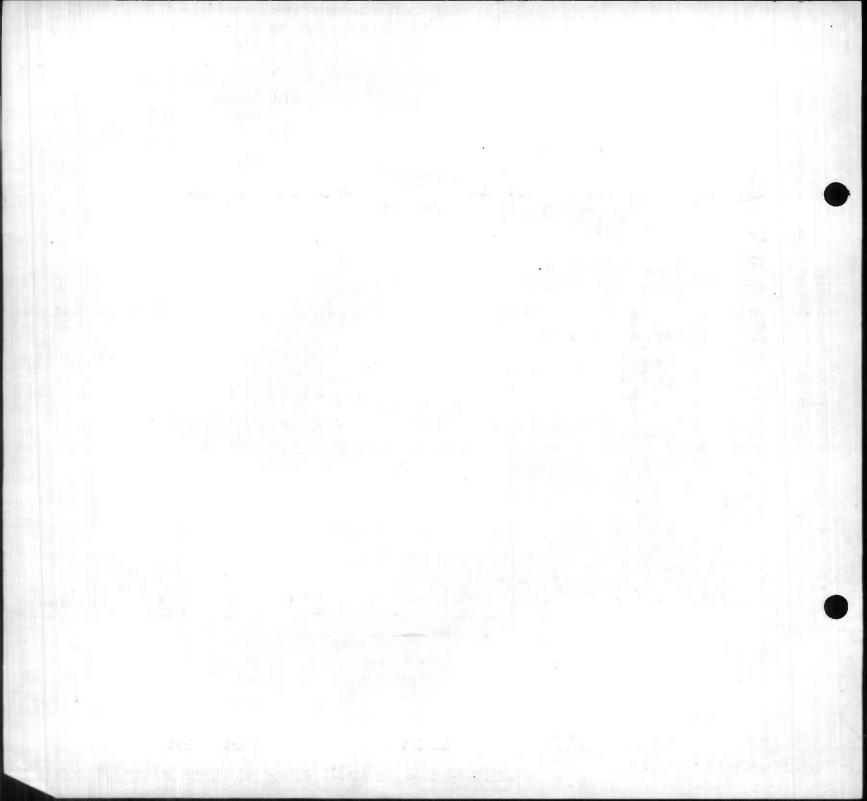
the body was released shows: (1) An accident was D.O.A. eceased decease

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH institution: residence (If autside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE PINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Baltimare City, give exact lacotion) and that in (aur) apinian death accurred on the date

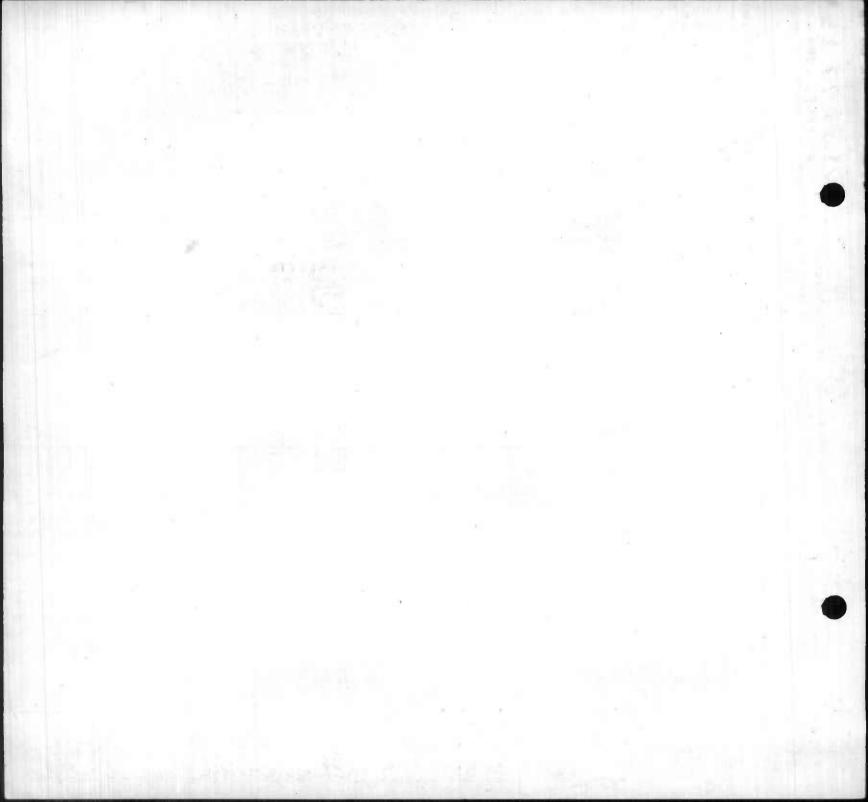
23B. OATE SIGNED

AOORES

25C. FUNERAL DIRECTOR

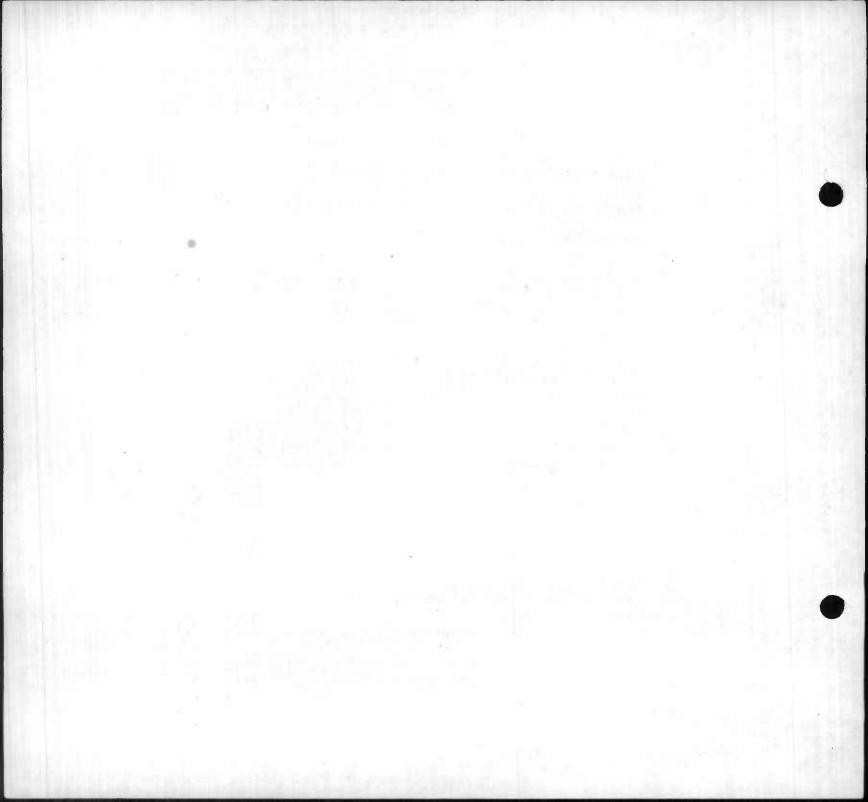


	/ 05	0000	BALTIMORE CITY	HEALTH DEPARTMEN	T			
100	H NO.	2337	CERTIFICA	TE OF DEATI	Registered No	-65 - 2337		
1, N	AME OF DECEASED	ns, John		2. DAT	2 26 65	12:25 p		
3. P	LACE OF DEATH IN BALTIF	MORE, MARYLAND		4. USUAL RESIDENCE (	Where deceased lived, If	institution: residence before admis		
	ULL NAME OF (If not in Inc.)	in hospital ar institutia s or location)	in, give street	Warvl and	3	100		
	NSTITUTION	or location)				e RURAL and give township)		
B -	Johns Hopkin	ns Hospita	al	D. STREET ADDRESS	(If rural, give lacation)			
				810 Chap	el St.			
5. S	6. RACE	WIDO	ED, NEVER MARRIED (Specify) dower	8. DATE OF BIRTH 3/30/92	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months Days Hours M		
	USUAL OCCUPATION (Give		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	lareign country)	12. CITIZEN OF WHAT COUNTRY?		
agne	Ke Car	0	None	BALTO	Md.	11. 8.24		
13. [	FATHER'S NAME		1	14. MOTHERS MAIDEN	NAME	Joceth		
	STEVO 1	JihKiN.	S	GEORGETT	Ε	•		
15. V (Yes	Was Deceased Ever in U. S., na ar unknown) (If yes, give	Armed Forces?	1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	, , , , , g, v	m.	218-07-6358	Daniel We	lking.	Duka- 19		
	18. 24934	- / 1	018 / 0000	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR COND					ONSET AND DEATH		
	LEADING TO		g., DUE TO			ee a ua madeen e dev à madeen 4 6 6 7 6 6 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
	heart failure, asthenia, etc.	. It means the disea						
	injury or complication whi		(8)		<u> </u>			
	DISEASES OR CONDITIE		DUE TO					
	rise to the obave cause (A) stating the (C) Price UNDERLYING CONDITION tost.			mococcal pr	eumonia	2 days		
VIION	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO						
TIFICA	19A. DATE OF OPERATION		R WHICH OPERATION	20A. AUTOPSY? (Yes	IN CEPTEVING	E FINDINGS CONSIDERED CAUSES OF DEATH?		
OK I	0			No				
_	21A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notily medical exam	SE OF	218 PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	in or about 21 C. WHERE Di lifice bldg., INJURY OCCU	D (II in Boltim	ore City, give exact lacation)		
0	21D. TIME (Month) (De	oy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
ME	(APPROX.)		While At Not Whi Work At Work	le 🗌				
	22. I certify that (I) (this boxpital) attended the deceased fram 2/25 1965 to 2/26/65 196 that (I) (web) fast saw the deceased alive an 2/26 1965 and that in (my) (Suf-Vapinian death accurred on the deceased)							
	and hour and from the causes stated abave. (1) (Web (did) (did to)) view the bady after death.							
1	23A. SIGNATURE 23B. DATE SIGNED,							
1	John + 6	SIGUER. A	M.D. All Phy	ending Med.	Stoff Phys.	2/26/65		
	23 C. PHYSICIAN'S   23 D. ADDRESS							
	John F. Bigger, Jr., M.D. M.D. Johns Hopkins Hospital							
24A	BURIAL CREMATION, 248 REMOVAL (Specily)	DATE 24C	NAME of CEMETERY OF CR			(City, town, or county) (St		
					M //			
	Buil 3	3/1965 1	ct Calanda	al l	Brooklan	- Mel		
25A	Burial 3	3/19/05 /DEPT. 258. NAM	ct Cahay Cu	25C. FUNERAL DIRE	Brook agu	- Nel		



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

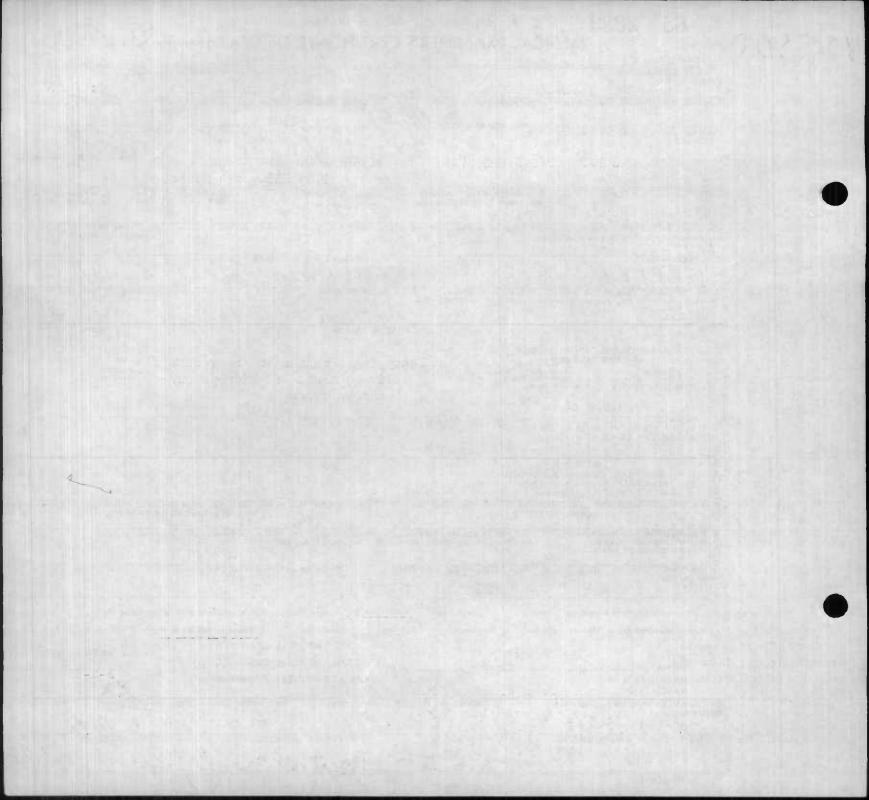
MALE CASE NO.    PARAME OF DECEASED		1) [	0000	BALTIMORE CITY	HEALTH DEPARTMENT			
M. CALLA BO.  M. CALLA BO.  D. PLACE OF DEATH IN PALTINOR, MARTIAND  D. PROVIDENT HOSPITAL  D. PLACE OF DEATH IN PALTINOR, MARTIAND  D. PROVIDENT HOSPITAL  D. PLACE OF DEATH IN PALTINOR, MARTIAND  D. PLACE OF DEATH IN PALTINOR, MARTIAND  D. PLACE OF DEATH IN PALTINOR, MICHAEL ORD O'VE VENERAL DISTORT  D. SERVE OR CONDITION DIRECTLY  LEADING TO DEATH  This does not mean his mode of dring, e.g., injury or complication which caused death).  DISTANT SOURCED HOSPITAL  DISTANT SOURCED HOSPITAL  DISTANT SOURCED HOSPITAL  DISTANT SOURCED HOSPITAL  OUT TO THE DEATH BUT NOT BELIATED TO THE  DISTANT SOURCED HOSPITAL DISTANCE  DISTANT SOURCED HOSPITAL  DISTANT SOURCE	BIRTH NO.	65	2555	CERTIFICA	TE OF DEATH	Registered Na.	5 2322	
FRACE OF DEATH IN BALTMOOR, MASKED MISTELL BALL RESIDENCE VINEAU RESIDENCE	A.E. CASE NO.					4	71300	
PLACE OF DEATH IN SALTIMONE, MARKLAND  FILL NAME OF DEATH IN SALTIMONE, MARKLAND  FOR USBAR OF CONDITION THOSPITAL  SEE  SEE  SEE  SEE  SEE  SEE  SEE  S		EASED						
FULL NAME OF MOSTITAL OR ORDERS OF Income of Control of Mostina Contro	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Mabel	Will:	iams	3/1	./65	6;45 P ,	
PROVIDENT HOSPITAL    Colfrod Flown   Colfrod	PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If insti	tution; residence before admission	
PROVIDENT HOSPITAL    Colfrod Flown   Colfrod	F				Paltimone	Manaland		
PROVIDENT HOSPITAL  Baltimore  D. STREET ADDRESS  III under 22.  A USBAL OCCUPATION (Give bind of week)  III under 17.  III under 17.  A USBAL OCCUPATION (Give bind of week)  I	HOSPITAL OR			n, give street	C. CITY OR TOWN (If our	Maryrand	RAL and give township)	
SEX N. RACE NARBED, NEVER MARKED  NEVER MARKED, NEVER MARKED  NEVER MARK	THE NO.  E CASE NO.  HAME OF DECEASED  pe or Print!  Mabel Williams  PLACE OF DEATH IN BALTIMORE, MARKLAND  FULL NAME OF (If not in hospitel or institution, give street oddress or locotion)  INSTITUTION  PROVIDENT HOSPITAL  SEX O, RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  SEX O, RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS  FATHER'S NAME 7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (specify)  FATHER'S NAME 7. MARRIED NEVER MARRIED SECURITY NO.  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, osthenic, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION CAUSING IT.  DISEASES OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19P. CONDITION FOR WHICH OPERATION WAS PERFORMED  ON THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19P. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CAUSE OF PEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CAUSE OF PEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CAUSE OF PEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CAUSE OF PEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CAUSE OF PEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CAUSE OF PEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CAUSE OF PEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CAUSE OF PEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CAUSE OF PEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING CAUSE OF PEATH (notify medical examiner)  21A. CERMATION, 124B. DATE 124C, NAME of CEMETERY or PACHETERY OR						and one give rounding.	
STR	PROV	IDENT HOSPI	TAL				10	
AND ARE COLUMNION DIVIDED IN COLUMN TO BEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This does not men the mode of dying, signing rise in the above cover (A) sisting the UNDERLYING CONDITION SCONTINUITY COLUMN TO THE DEATH BUT NOT REACTED TO THE DISEASE OR CONDITIONS CONTINUITY CONDITIONS CONTINUITY COLUMN TO THE DEATH BUT NOT REACTED TO THE DISEASE OR CONDITIONS CONTINUENTING TO THE DEATH BUT NOT REACTED TO THE DISEASE OR CONDITIONS CONTINUENTING TO THE DEATH BUT NOT REACTED TO THE DISEASE OR CONDITIONS CONTINUENTING TO THE DEATH BUT NOT REACTED TO THE DISEASE OR CONDITIONS CONTINUENTING TO AND THE CONDITIONS CONTINUENTING TO THE DISEASE OR CONDITIONS CONTINUENTING TO AND THE CONDITIONS CONTINUENTING TO AND THE CONDITIONS CONTINUENTING TO THE DISEASE OR CONTINUENTING TO AND THE CONDITIONS CONTINUENTING TO AND THE CONT					D. STREET ADDRESS	iuloi, give locotion)	,	
TAUSUAL OCCUPATIONIGNE and of working and of working and of working life, even of office and office		THE SOURCE CONDITION SIDERITY  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  IN SEASE OR CONDITION SIDERITY  LEADING TO DEATH  IN SEASE OR CONDITIONS, if one, giving a line becomes the design of control of the cont						
ADDRESS  IN SUBAL OCCUPATION (Give hind of work) (IR, KIND OF BUSINESS OR INDUSTRY 11, BIRTHRACE (Sind or loreign country)  West Virginia  14. MOTHER'S MAIDEN NAME  15. MOTHER'S MAIDEN NAME  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  INTERVAL BETWEEN ONSET AND DEATH  INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ON SET	SEX	6. RACE				9. AGE (In years	Il Under 1 Yr. If Under 24 Hrs	
A JUSTAN OCCUPATIONING THE Internal of working the gent of winding the work of winding the gent of winding the working like, gent of winding the working like, gent of winding the working like, give wor or dotted of service)  FATHERS AMME  I.S. SOCIAL SECURITY NO.  II. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  This does not mean the mode of dring, e.g., heart failure, esthenic, etc. II means the disease, inquiry or complication winds. Course of the base coses (A) stating like  INTERVAL SETWEEN ONSET AND DEATH  TO THE SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  II. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  II. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  II. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  II. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  II. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION COUNTRIBUTING TO THE DIS	T	NT.			1/22/16	45	710113	
West Virginia  West V	A. USUAL OCCI	UPATION (Give kind of work	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore)	an country)	12. CITIZEN OF	
LEATHERS NAME  WELLIE WILLIAMS  WELLIE WILLIAMS  WELLIE WILLIAMS  WELLIE WILLIAMS  ADDRESS  TO CAUSE OF DEATH  ONSET AND DECENSE  ENDOGRAPHOUNDHUT yes, give wer or dotes of service)  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dyring, e.g., bened follows, eshabine), set. It means the disesse, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving inse to the above couse (A) stelling the UNDERLYING CONDITIONS.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE ON CONDITION COUSING IT.  OTHER SIGNIFICANT ENDITORS CONTRIBUTING TO THE DISEASE CONDITION CONSISTORING TO THE DISEASE CONDITION COUSING IT.  199A DATE OF OPERATION 1998, CONDITION FOR WHICH OPERATION NO PREATION 1998, CONDITION COUSING IT.  191A ACCIDENT WAS UNDERLYING   thom, following, steel office bidgs, INJURY (e.g., in or obsold) PICK WHERE DID (AUSES OF DEATH?  211A ACCIDENT WAS UNDERLYING   thom, following, steel office bidgs, INJURY OCCUR?  211A ACCIDENT WAS UNDERLYING   thom, following, steel office bidgs, INJURY OCCUR?  211A ACCIDENT WAS UNDERLYING   thom, following, steel office bidgs, INJURY OCCUR?  211A ACCIDENT WAS UNDERLYING   thom, following, steel office bidgs, INJURY OCCUR?  211A ACCIDENT WAS UNDERLYING   thom, following, steel office bidgs, INJURY OCCUR?  211A ACCIDENT WAS UNDERLYING   thom, following, steel office bidgs, INJURY OCCUR?  211A ACCIDENT WAS UNDERLYING   thom, following, steel office bidgs, INJURY OCCUR?  211A ACCIDENT WAS UNDERLYING   thom, following, steel office bidgs, INJURY OCCUR?  211A ACCIDENT WAS UNDERLYING   thom, following, steel office bidgs, INJURY OCCUR?  211A ACCIDENT WAS UNDERLYING   thom, following, steel office bidgs, INJURY OCCUR?  211A ACCIDENT WAS UNDERLYING   thom, following, steel office bidgs, INJURY OCCUR?  212A ACCIDENT WAS UNDERLYING   thom, following, steel office bidgs, INJURY OCCUR?  213A ACCIDENT WAS UNDERLYING   thom, following, steel office bidgs, INJURY OCCUR?  214A ACCIDENT WAS UNDERLYING   thom, fol				1				
FATHER'S NAME	Hair	32 W/ 52		1000	West Virgi	nia	h.c.A.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., injury or camplication which caused death).  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION to St.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION TO THE ATED TO THE DISEASE OR CONDITION CONDITION TO THE CONTRIBUTING TO THE ATED TO THE DISEASE OR CONDITION WAS PERFORMED  OF A ACCIDENT WAS UNDERLYING ALISED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSINO IT.  1212. THAN A CONTRIBUTION OF PROVIDENT OF PROVIDEN								
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., injury or camplication which caused death).  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION to St.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION TO THE ATED TO THE DISEASE OR CONDITION CONDITION TO THE CONTRIBUTING TO THE ATED TO THE DISEASE OR CONDITION WAS PERFORMED  OF A ACCIDENT WAS UNDERLYING ALISED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSINO IT.  1212. THAN A CONTRIBUTION OF PROVIDENT OF PROVIDEN	-	4. 1	TT .		1/-11:-	141111		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., injury or complication which coused death).  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITIONS contributing to the above couse (A) stoling the UNDERLYING CONDITIONS contributing to the above couse (A) stoling the UNDERLYING CONDITIONS contributing to the above couse (A) stoling the UNDERLYING CONDITIONS contributing to the above couse (A) stoling the UNDERLYING CONDITIONS contributing to the above couse (A) stoling the UNDERLYING CONDITIONS contributing to the above couse (A) stoling the UNDERLYING CONDITIONS contributing to the above couse (A) stoling the UNDERLYING CONDITIONS contributing to the above couse (A) stoling the UNDERLYING CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTION TO THE CONTRIBUTION TO THE ABOVE CONTRIBUTION TO THE CONTRIBUTIO	CA	1462 -0/3	1012		IVELLIE	VUILIAI	US	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., bent follow, esthemic, etc.) if means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving mise to the above couse (A) stoling the UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITION (ast.)  III  OTHER DIGNIFICANT CONDITION (ast.)  III  OTHER DIGNIFICANT CONDITION (ast.)  III  OTHER DIGNIFICANT CONDITION (ast.)  III  OTHER SIGNIFICANT (ast.)  III  OTHER SIGNIFICANT CONDITION (ast.)  III  OTHER SIGNIFICANT (ast.)  III  OTHER SIGNIFICAN	Was Deceased	Ever in U. S. Armed Ford	ces?		17. INFORMANT		ADDRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, esthenic, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving itse to the above accuse (A) stoling the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION AUSING IT.  199-ADATE OF OPERATION 198. CONDITION FOR WHICH OPERATION NO N	1/-	yes, give wor or dole	- 01 901AICE	SECURITI NO.				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, esthenic, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving itse to the above accuse (A) stoling the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION AUSING IT.  199-ADATE OF OPERATION 198. CONDITION FOR WHICH OPERATION NO N	110							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heads follow, estimate, etc.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving may be to the above couse (A) stoling the UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DESCRIPTION OF CONTRIBUTING CONTRIBUTING CONDITION TO RELATED TO THE DEATH BUT NOT RELATED TO THE DESCRIPTION OF CONTRIBUTING CONTRIBUTING CONSIDERED WAS PERFORMED WAS PERFORMED WAS PERFORMED WAS PERFORMED WAS PERFORMED WAS PERFORMED OF INJURY (e.g., in or a about [21C, WHERE DID Mone, form, factory, street, office bidge, INJURY OCCUR?  271D. TIME (Month) (Doy) (Year) (Hour) 22 II. PLACE OF INJURY (e.g., in or a about [21C, WHERE DID Mone, form, factory, street, office bidge, INJURY OCCUR?  271D. TIME (Month) (Doy) (Year) (Hour) 22 II. PLACE OF INJURY OCCURRED OF INJURY (APPROX)  272. I certify that (I) (this hospital) attended the deceased from January 19 65 to February 19 65 and hat in (my) (our) apinian death accurred an the d and haur and from the causes stated above. (I) (We) (did) (did nat) view the body after death.  273. FINSICIAN'S NAME (Type) 125. NAME OF REGISTRAN 25C. FUNERAL DIRECTOR ADDRESS  M.D. Attending Med. Stoff Phys. 3/1/65  A DATE RECORD SY HEALTH DEPT. 255. NAME OF REGISTRAN 25C. FUNERAL DIRECTOR ADDRESS	18. 2 6	OXI		CAUSE O	FDEATH			
Content of Peration   Cause of dying, e.g., head failure, asthenia, site. Il means the disease, injury or complication which caused death.]    ANTECEDENT CAUSES   Continuon, it any, giving inse to the above couse (A) stoling the UNDERLYING CONDITIONS, if any, giving inse to the above couse (A) stoling the UNDERLYING CONDITION lost.   Continuon   Cont	DISEAS	SE OR CONDITION DIR	ECTLY				ONSE! AND DEATH	
This does not mean the mode of dying, e.g., heart folius, eshenic, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stelling the UNDERLYING CONDITION lost.  UNDERLYING CONDITIONS CONTRIBUTING TO THE DISEASE DIABETES MELLITUS  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OF CONDITION CAUSING IT.  10 OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE DISEASE OF CONDITION CAUSING IT.  11 OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  12 OTHER SIGNIFICANT CONDITION CAUSING IT.  13 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION CAUSES OF DEATH?  14 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION CAUSES OF DEATH?  15 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION CAUSES OF DEATH?  16 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION CAUSES OF DEATH?  17 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION CAUSES OF DEATH?  18 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION CAUSES OF DEATH?  19 OTHER SIGNIFICANT CAUSES OF DEATH?  19 OTHER SIGNIFICANT CAUSES OF DEATH?  10 OTHER SIGNIFICANT CAUSES OF DEATH?  11 OTHER SIGNIFICANT CAUSES OF DEATH?  12 OTHER SIGNIFICANT CAUSES OF DEATH?  12 OTHER SIGNIFICANT CAUSES OF DEATH?  13 OTHER SIGNIFICANT CAUSES OF DEATH?  14 OTHER SIGNIFICANT CAUSES OF DEATH?  15 OTHER SIGNIFICANT CAUSES OF DEATH?  16 DISEASE ON CONDITION CAUSE OF DEATH CAUSES OF DEATH?  17 OTHER SIGNIFICANT CAUSES OF DEATH?  18 OTHER SIGNIFICANT CAUSES OF DEATH?  19 OTHER SIGNIFICANT CAUSES OF DEATH CAUSES OF DEATH?  19 OTHER SIGNIFICANT CAUSES OF DEATH?  19 OTHER SIGNIFICANT CAUSES OF DEATH?  19 OTHER SIGNIFICANT CAUSES				(A) CE	REBROVASCALAL	ACCIDENTS		
Injury or camplicotion which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  1974.A DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 198. CONDITION CAUSING IT.  1974.A COLDENT WAS UNDERLYING 198. CONDITION FOR WHICH OPERATION NO 10 CERTIFYING CAUSE OF DEATH?  210. ATIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED (INJURY OCCUR? OT INJURY (C.P., in or obout 21/C. WHERE DID home, form, foctory, street, office bidg. 1NJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED (INJURY OCCUR? OT INJURY (C.P., in or obout 21/C. WHERE DID home, form, foctory, street, office bidg. 1NJURY OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED (INJURY OCCUR? OT INJURY (C.P., in or obout 21/C. WHERE DID home, form, foctory, street, office bidg. 1NJURY OCCUR? (INJURY OCCUR? OT INJURY (C.P., in or obout 21/C. WHERE DID home, form, foctory, street, office bidg. 1NJURY OCCUR? (INJURY OCCUR? OT INJURY (C.P., in or obout 21/C. WHERE DID home, form, foctory, street, office bidg. 1NJURY OCCUR? (INJURY OCCUR? OT INJURY (C.P., in or obout 21/C. WHERE DID home, form, foctory, street, office bidg. 1NJURY OCCUR? (INJURY OCCUR? OT INJURY (C.P., in or obout 21/C. WHERE DID home, form, foctory, street, office bidg. 1NJURY OCCUR? (INJURY OCCUR? OT INJURY (C.P., in or obout 21/C. WHERE DID home, form, foctory, street, office bidg. 1NJURY OCCUR? (INJURY OCCUR? OT INJURY (C.P., in or obout 21/C. WHERE DID home, form, foctory, street, office bidg. 1NJURY OCCUR? (INJURY OCCUR? OT INJURY OCCUR? OT INJURY (C.P., in or obout 21/C. WHERE DID home, form, foctory, street, office bidg. 1NJURY OCCUR? (INJURY OCCUR? OT INJURY OCCUR? (INJURY OCCUR? OT IN	(This does n	not mean the made of	dying, e.	g., DUE TO		********************		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if only, giving rise to the above couse (A) stoling the UNDERLYING CONDITION tost.  UNDERLYING CONDITIONS CONTRIBUTING TO THE DISEASE OF CONDITION SONTRIBUTING TO THE DESTANGE OF OPERATION OF THE DISEASE OF CONDITION FOR WHICH OPERATION OF CONTRIBUTING TO THE DISEASE OF CONDITION CAUSING IT.  1994. DATE OF OPERATION 1988. CONDITION FOR WHICH OPERATION NO NO CONTRIBUTING CAUSES OF DEATH?  2018. ACCIDENT WAS UNDERLYING OF CONDITION FOR WHICH OPERATION NO NO NO CONTRIBUTING CAUSES OF DEATH?  212. A CCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSES OF DEATH?  223. Toertify that (I) (this hospital) attended the deceased from January 19 65 to February 19 65.  224. I certify that (I) (this hospital) attended the deceased from January 19 65 and that in (my) (aur) apinian death accurred an the d and hour and from the causes stated abave. (I) (We) (did) (did not) view the bady after death.  233. SIGNAFURE N.D. Attending Med. Director Phys. 3/1/65  230. ADDRESS N.D. ADDRESS N.				66,				
DISEASES OR CONDITIONS, if only, giving rise to the above couse (A) stoling the UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  1974. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED CONTRIBUTING CAUSES OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH?  OF INJURY COURT OF OPERATION 198. CONDITION FOR WHICH OPERATION NO NO CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH?  19 A. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH?  While AI Work A	1 '			(B) HY	PELETENSIVE A	LTERIOSELE	ROTIC	
The above couse (A) stoling the UNDERLYING CONDITION Isst.    Columber   DIABETES MELLITUS		ANTECEDENT CAUSES		DUE TOO A	RDTOVASCULAR	DISFASE		
UNDERLYING CONDITION last.    Control   Contro		DISEASES ON CONDITIONS, II day, giving						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISCASS OR CONDITION CAUSING IT.  1974. DATE OF OPERATION  204. AUTOPSY? (Yes or No)  205. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  218. PLACE OF INJURY (e.g., in or obout 2) C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH HORIFY medical examiner)  221. ACCIDENT WAS UNDERLYING  221. ACCIDENT WAS UNDERLYING  OF CONTRIBUTING CAUSE OF DEATH HORIFY medical examiner)  221. ACCIDENT WAS UNDERLYING  OF INJURY  (APPROX)  (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURED  While A1  Not While   21F. HOW DID INJURY OCCUR?  While A1  Not While   22			sloling I	(C) DT.	WDELES MEDITI	. U D		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  1974. DATE OF OPERATION   1986. CONDITION FOR WHICH OPERATION   2004. AUTOPSY? (Yes or No)   1006.   1	ONDEREINA	o CONDITION IUSI.						
DEATH (notify medicol exominer)	2	- 11						
DEATH (notify medical examiner)	OTHER SIGNI							
DEATH (notify medicol exominer)	DISEASE OR			Int				
DEATH (notify medical examiner)	19A. DATE OF			R WHICH OPERATION	20 A. AUTOPSY? (Yes or No		DINGS CONSIDERED	
DEATH (notify medical examiner)	0	WAS PERF	ORMED		No	IN CERTIFYING CAUS	ES OF DEATH?	
DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work (APPROX.)  22. I certify that (I) (this hospital) attended the deceased from January 19 65 to February 19 65 that (I) (we) last saw the deceased alive an 2/28/ 19 65 and that in(my) (aur) apinian death accurred an the d and haur and from the causes/stated abave. (I) (We) (did) (did nat) view the bady after death.  23A. 5IGNAFURE  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  HOLLIS SEUNATINE  Attending Med. Stoff Director Phys. 3/1/65  23D. ADDRESS  NAME (Type)  HOLLIS SEUNATINE  Attending Phys. (Stote)  M.D. PROVIDENT HOSPITAL  1A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY  1A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR ADDRESS	21A. ACCIDEN	NT WAS UNDERLYING	2	18. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(II in Soltimore C	City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  While At Work  At Work  22. I certify that (1) (this hospital) attended the deceased fram January 19 65 to February 19 65  that (1) (we) last saw the deceased alive an 2/28/ and that in (my) (aur) apinian death accurred an the d and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23A. 51GN ATTE  23D. ADATE SIGNED  A. BURIAL CREMATION, Phys. 23D. ADDRESS  M.D. PROVIDENT HOSPITAL  A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY  A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS	OR CONTRIBL	TING CAUSE OF	h	ome, form, foctory, street, of	fice bldg., INJURY OCCUR?			
While At Work  22. I certify that (1) (this hospital) attended the deceased fram January  that (1) (we) last saw the deceased alive an 2/28/  and haur and fram the causes/stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. 5IGN ATURE  A. BURIAL CREMATION, Phys. Seunarine  A. BURIAL CREMATION, REMOVAL (Specily)  A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  Physican Secure Company  (Stote)  A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  Physican Secure Company  (Stote)  25C. FUNERAL DIRECTOR  A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  (STOTE PROVIDENT HOSPITAL PLANT OF REGISTRAR)  (Stote)  (Stote)  (Stote)  (Stote)  (Stote)  (Stote)  (Stote)  (Stote)	DEATH (HONLY	medical examiner		10.7				
While At Work  22. I certify that (I) (this hospital) attended the deceased fram January  19 65 to February  19 65  that (I) (we) last saw the deceased alive an 2/28/  and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23A. 5IGN ATURE  23C. PHYSICIAN'S  NAME (Type)  HOllis Seunarine  A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS	21D. TIME	(Month) (Doy) (Year)	(Hour) 2	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
22. I certify that (1) (this hospital) attended the deceased fram January 19 65 to February 19 65 that (1) (we) last saw the deceased alive an 2/28/ 19 65 and that in (my) (aur) apinian death accurred an the d and haur and fram the causes/stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. 5IGNATURE  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  24D. 19CATION OF COUNTY  24D. 19CATION OF COUNTY  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR	OF HAJORI				e 🦳			
that (1) (we) lost saw the deceased alive an 2/28/ 19 65 and that in (my) (aur) apinian death accurred an the d and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. 51GNATURE  23B. DATE SIGNED  3/1/65  23C. PHYSICIAN'S NAME (Type)  HOllis Seunarine  A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS	TATT KOZ			Work At Work	Ч			
that (1) (we) last saw the deceased alive an 2/28/ 19 65 and that in (my) (aur) apinian death accurred an the d and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. 51GNATURE  23B. DATE SIGNED  23B. DATE SIGNED  3/1/65  23C. PHYSICIAN'S NAME (Type)  HOllis Seunarine  A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS	22. I certify	that (1) (this hospital	) attended	the deceased from J	anuary	1965 to Febr	uary 1965	
and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.  23A. 51GN AFURE  23A. 51GN AFURE  A. BURIAL CREMATION, 24B. DATE  1A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION  1A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  23B. DATE SIGNED  3/1/65  23B. DATE SIGNED  3/1/65  23B. DATE SIGNED  3/1/65  23C. PHYSICIAN'S  Phys. X  3/1/65  23B. DATE SIGNED  3/1/65  23C. PHYSICIAN'S  A. DATE SIGNED  3/1/65  23B. DATE SIGNED  3/1/65  23B. DATE SIGNED  3/1/65  3/1/65  23C. PHYSICIAN'S  A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS	that (1) (we)	last saw the decease	d alive ar	2/28/	10 65 and ab	-+ :- (u) (u)i-i		
23A. 51GNATURE  23A. 51GNATURE  M.D. Attending Med. Director Phys. 3/1/65  23C. PHYSICIAN'S NAME (Type)  HOllis Seunarine  M.D. PROVIDENT HOSPITAL  4A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BALL DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  23B. DATE SIGNED  3/1/65  3/1/65						ar in (my) (aur) apini	an death accurred an the da	
A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  3-6-65  A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  23D. ADDRESS  23D. ADDRESS  24D. 19CATION  24D. 19CATION  25D. FUNERAL DIRECTOR  25C. FUNERAL D	and haur and	fram the causes stat	ed abave.	(l) (We) (did) (did nat) v	iew the bady after death.			
23C. PHYSICIAN'S NAME (Type)  HOllis Seunarine  M.D. PROVIDENT HOSPITAL  A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (Sity, lown, or county)  3-6-65  A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  25C. FUNERAL DIRECTOR  ADDRESS	23A. 51GN A/5/	INE		50		2	38. DATE SIGNED	
23C. PHYSICIAN'S NAME (Type)  HOLLIS Seunarine  M.D. PROVIDENT HOSPITAL  A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)  3-6-65  TAN 1/2 W COM  A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS	1/1	the Alama	rome	M.D. Atte	nding Med.	Stoff V	2/3/65	
Hollis Seunarine  M.D. PROVIDENT HOSPITAL  A. BURIAL CREMATION, 248. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL (Specily)  3-6-65  AND LEW COM  A PROVIDENT HOSPITAL  24D. LOCATION  (Stote)  A PROVIDENT HOSPITAL  25C. FUNERAL DIRECTOR  (A PROVIDENT HOSPITAL  (Stote)  (A PROVIDENT HOSPITAL  (Stote)  (Stote)	1400	200 7 - 11100				Phys. ac	3/1/65	
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Sity) of county) (Stote)  BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Sity) of County) (Stote)  BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (SITY) (Stote)  A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25C. FUNERAL DIRE	NAME (T	ype)			23D. ADDRESS			
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)  BURIAL (Specily)  3-6-65  TAN 1/2 W Cem,  A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS			rine	M.D.	PROVIDENT F	HOSPITAL.		
BUNAL 3-6-65 TAW VIEW COM, CAMPACTOR W. UA.  A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS				NAME OF CEASETERY OF COR			town or country (5)	
SA. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	REMOVAL (	Specily)	240.	- CRE	240.	ARIINSTRU		
SA. DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS	BUNIA	1. 3-6-65	5 1	AW: 11PW (Or	n Ci	1 1/05 tous	- W. UA.	
The state of the s	A. DATE REC'D	BY HEALTH DEPT.	258. NAM	Mal C. C.	1		ADDRESS	
	MAR 2		CIL	of or all all of	S 187 112 10	T. I Chr	artes it	
In I would a suppose the live of the land we live in the live of t	mmii 9	1300 Ubbell	CINC	Shoen Day	1 3 MILNA	Pirider To	UN W. VITGINIA	
\$ 150-REV. 1/1/65	S 150-REV. 1/1/6	65						



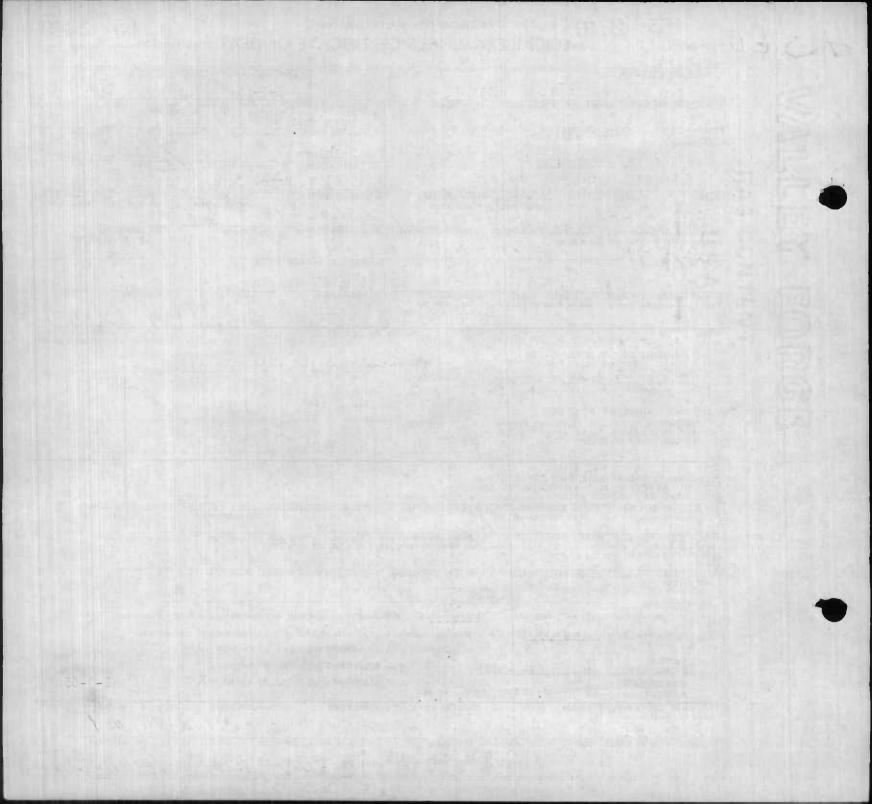
130	7	03	12	
2	5	2	J	

0	17	63	4 )
2	0	Ú	J

DO 2000 BALTIMORE CITY HE	hh 2220
RTH NO. MEDICAL EXAMINER'S (	CERTIFICATE OF DEATH Registered No.
.E. CASE NO.	
NAME OF DECEASED  ype or Print)	2. DATE AND HOUR PRONOUNCED DEAD
VIVIAN BOOTH	March 1, 1965 1:25 P. M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
JOHNS HOPKINS HOSPITAL	Baltimore  D. STREET ADDRESS (If rurol, give locotion)  1743 Ellsworth Street
SEX   6. RACE   7. MARRIED, NEVER MARRIED	and the same of th
Female Negro WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  2-23-29  9. AGE (In years lost birthday)  Nonths, Doys, Hours, Min.
A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUST one during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WALTER MLLEN	Mary aguilar 1711 CHsworth SI
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
es, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	LACY Booth 1743 ELLS worth St.
IB. CAU	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A) Fatt	y degeneration and necrosis of
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	liver, heart and kidneys of
injury or complication which coused death.)	unknown cause
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
(C)	
(C)	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B, PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	a, in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg, INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NO	T WHILE WORK
22. I certify that I held an Inquiry Inspection A	and that an this basis, death in my opinion
resulted from: Notural causes Accident Sulci	ide Homicide Undetermined manner 🔀
$\Lambda$ . $\Lambda$ .	CHIEF MEDICAL EXAMINER
ACTUAL LAW 3 DAGE	DATE SIGNED
EXAMINER'S NAME (Type) John E. Adams, M.D.	ASSOCIATE MEDICAL EXAMINER 3-2-65
AA. BURIAL CREMATION, 23B. DATE 23G. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
BURIAL 3/6/63 MII. CAL	M. H. COUNTY, INT
MAR 3 1965 Republic Starbury	24C. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS
S 151-REV. 1/1/65	Will 24 . N. P. C. 12 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.



VS 151-REV. 1/1/65



MEDICAL

NAME (Type)

BIRTH NO. 65 MEDICAL EXAMINER'S	ALTH DEPARTMENT 65 2341 CERTIFICATE OF DEATH Registered No.				
M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print) ROBERT MARTIN	February 26, 1965 10:01 p				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissing A. STATE  Maryland				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If autside carparote limits, write RURAL and give tawnship)  Baltimore  D. STREET ADDRESS (If rurol, give location)				
Provident Hospital	1209 Presstman St.				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 H Manths Days Hours Min 47				
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST done during most of working life, even if refired)	RY 1. SIRTHPLACE (State of foreign country)  12. CITIZEN OF WHAT COUNTRY?				
Samuel Martin	Eloney adams				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no grunknown). (If yes, give wor gridotes of service) SECURITY NO.	17. TNFORMANT ADDRESS				

INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Stab wound of left chest (A) (This daes not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.)

ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes

21B. PLACE OF INJURY (e.g., in ar obout 121C. WHERE DID (If in Baltimare City, give exact location) home, farm, factory, sheet, office bldg., INJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. Home 1209 Presstman St. 1st floor 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D TIME (Month) (Yeor) (Hour) 9:15 WHILE AT OF INJURY NOT WHILE (APPROX.)

Allegedly stabbed during altercation 22. Autopsy I certify that I held on Inquiry Inspection and that an this basis, death in my apinion resulted from: Natural causes Sulcide Homicide X Accident Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED

ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S

ASSOCIATE MEDICAL EXAMINER

2-27-65

(State)

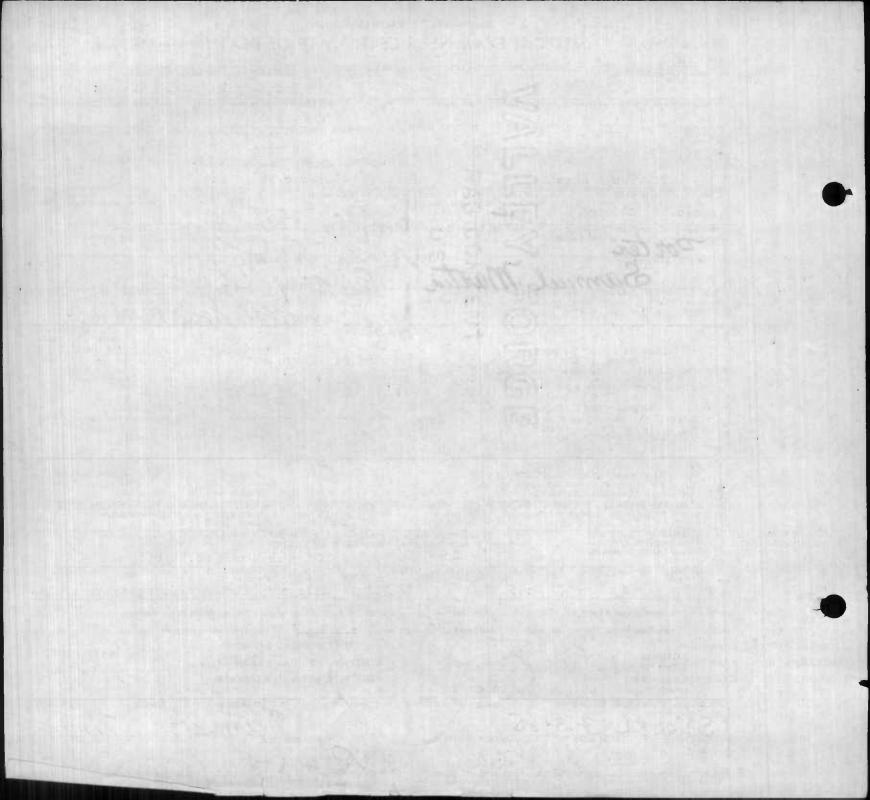
23C. NAME of CEMETERY or CREMATORY 23A. BURIAL CREMATION, 23D. LOCATION (City, tuwn, or county) REMOVAL (Specify) 24B NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

24A. DATE/REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/65

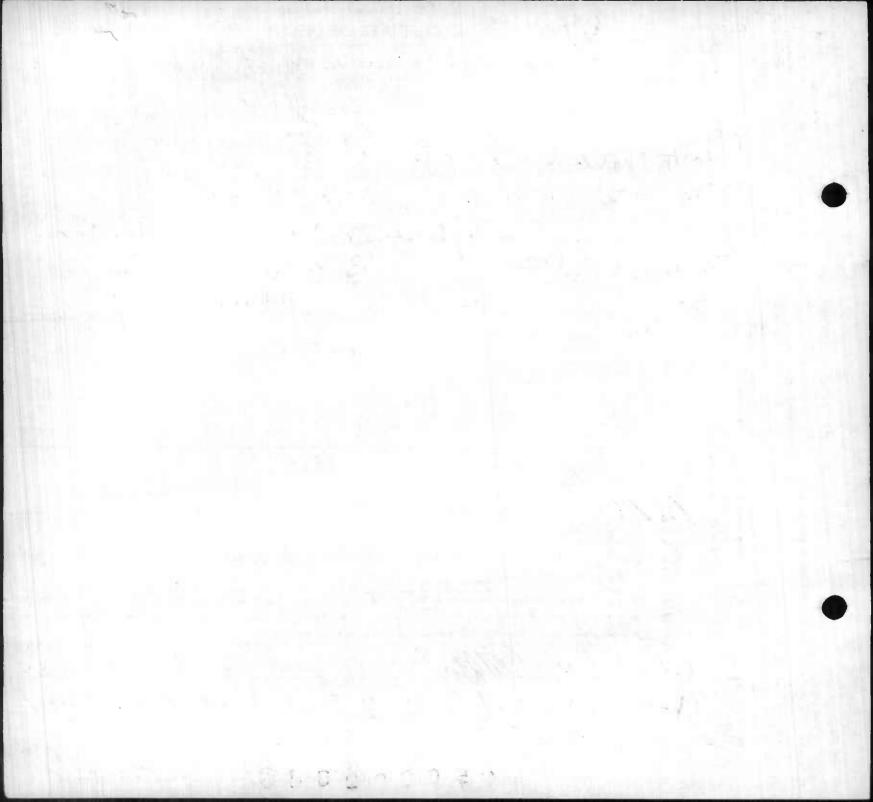
Rudiger Breitenecker

ADDRESS



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	05 0040	BALTIMORE CITY	HEALTH DEPARTMENT		OF	20.00		
BII	ятн но. 65 2342	CERTIFICA	TE OF DEATH	Registered Na	65	2342		
	.E CASE NO.	021(11110)						
	NAME OF DECEASED  MEACIMER HE	DWARD WIL	LIAM MASO	hour of DEATH	- 1/	40 gm.		
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If ins	titution: reside	nce before odmission)		
	FULL NAME OF (It not in hospital or institution, give NOSPITAL OR oddiess or location)	street	c. CITY OR TOWN (IF outs	ide city limits, write R	URAL and giv	e township)		
	houth al. las Han No	usit!	D. STREET ADDRESS (If to	orol, give location)		-0.9		
5.		EVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH 9	AGE (In years	If Under 1 1 Months: Doy	fr. If Under 24 Hrs.		
10	A. USUAL OCCUPATION (Give kind of wark 108, KIND OF BU	End	8-16-1917	47	12. CITIZEN			
	one during most of working life, even if refired)	us lause	200	,		COUNTRY?		
13	FATHER'S NAME	7	14. MOTHERS MAIDEN NAM					
	Messimes, Wm	V	Blackyn	ell, Ro	sie			
	es, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT	uh	AD	DRESS		
-	1B. 56/10 I	CAUSE O	F DEATH			RVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		retoritis		ONS	SET AND DEATH		
	(This daes not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	DUE TO				a a a sawaka a 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
9	ANTECEDENT CAUSES  (B)  DUE TO							
	DISEASES OR CONDITIONS, if ony, giving							
	rise to the above cause (A) stating the UNDERLYING CONDITION lost.		A					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
CPTIFIC		-7 1 471 0:	20A. AUTOPSY (Yes or No)	208, IF YES, WERE F	INDINGS CO	NSIDERED TH?		
CAI CE	J 71A. A CODENT WAS UNDERLYING   J 218. PL OR CONTRIBUTING   CAUSE OF   CONTRIBUTING   CAUSE OF   CONTRIBUTING   CONTRIBUTING	ACE OF INTURY (e.g., in	or about 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimore	City, give ex	oct locotion)		
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN	At Not Whill	21F. HOW DID INJU	RY OCCUR?				
			2h 22 10	of the story	1 2	10 (1-		
	22. I certify that (1) (this hospital) attended the that (1) (we) last saw the deceased alive an	// -	1.	, D	Jan death a	ccurred an the date		
	and hour and from the causes stated above. (1) (			, (11(11)) (001) 0p11				
	23A. SIGNATURE	11.57			23 B. DATE SI	GNED		
	23C. PHYSICIAN'S NAME (Type)	N/ /	Med. Director 23D. ADDRESS	Stoff Phys.	Mary	2,1965		
	Allan macht-/	M.D.	2 East 1	read &	1-B	alf-mf.		
24	REMOVAL (Specify)  Lemoval 3-4-65	The Store	Cem. 240.10	neard	y, lown, or co	(Stote)		
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF	REGISTRAR DEUMA	25C FUNERAL DIRECTOR	2 0	(1-	ADDRESS ()		
V	MAR 3 1965 Of Least 150-REV. 1/1/65	4: 100	Carangle	7-300	Mar	ce (d1)		
				/				



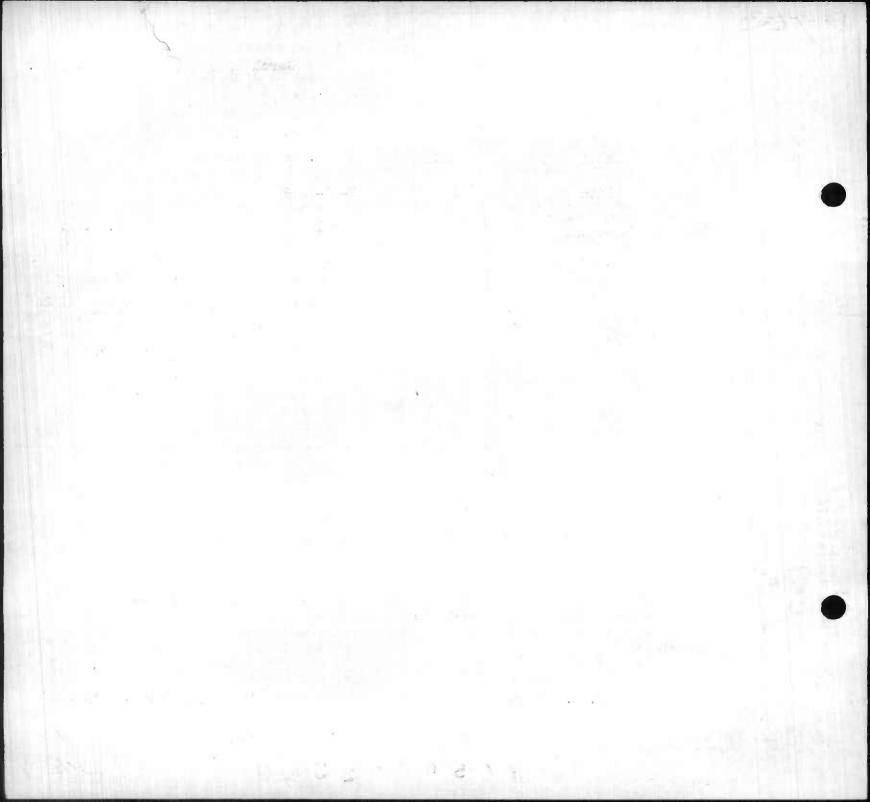
## the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

_					HEALTH DEPARTMENT			
BIRTH I		2343		CERTIFICA	TE OF DEATH	Registered No	30-61-	97
1. NAM	ASE NO.					AND HOUR OF DEAT		2343
(Type o	or Print) And	rew #	Thon	npson	3/	1/65 5:30	Am 1	A
3. PLA	CE OF DEATH IN	BALTIMORE, MAR	YLAND	0	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence	before admission)
FLILI	L NAME OF	f not in hospital a	r institution	uve street	Md.	Howard		
HOS	PITAL OR 0	ddress or location				outside city limits, write	RURAL and give to	wnship)
7)	niversit	of Md	Hos	pital	Dayton	Md	63	-00
	1110 (1211)				D. STREET APORESS	(If rural, give location)		
5. SEX	6. RACI	1 /		NEVER MARRIED DIVORCED (specify)	B, DATE OF BIRTH	9, AGE (In years lost birthday)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
/	11	W	Mar	fied	5-17-20	44		
	UAL OCCUPATION oring most of working li		10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12, CITIZEN OF WHAT COU	NTRY?
-	ruck Drive	1			Ellicott City	. MA		
	HER'S NAME		,		Ellicott City	IÂME		
1	1.11:00	20 A -	1/01	rson	Margar	et care	,	
15. Was	Deceased Ever in	U. S. Armed Ford	es?	1 6./SOCIAL	17. INFORMANT	CILARE	ADDRES	SS
	or unknown) (If yes,	give wor or dote:		SECURITY NO.	11 . +1			
1B.	es WW	2		213-14-8249	Hospilal	record	INTERVA	L BETWEEN
	36/1	ONDITION DIR	CTIV	CAUSE	I -			AND DEATH
		G TO DEATH	CILI		BIRIUM	RamoR	sld	day
	his does not meo			DUE TO				
	ort foilure, osthemo jury or complication			City	200116 0.0			
	ANTECE	DENT CAUSES		(B) OF (I)	RONIC ALC	0H04.13m		*******
DI	SEASES OR CO	NDITIONS, if a	ny, giving	001				
	e to the obov		sloting the	(C)				
0,	- CONT	JITON 1031.						
Z o	THER SIGNIFICANT			, h,		0 0 0 11		
	O THE DEATH			NUTY	CITIONAL	CIRRHOS	U	
U 19/	A. DATE OF OPERAT	TION 198. CONT		VHICH OPERATION	204. AUTOPSYZIVes or	No. 208. IF YES, WER	E FINDINGS CONSID	ERED
ERTIFI	7	WASTERI			Ses		ches-in	
U 1217	A. ACCIDENT WAS	CAUSE OF	21 B. hom	PLACE OF INJURY (e.g., i e, form, foctory, street, o	fice bldg., INJURY OCCUR?	(II in Boltin	ore Lity, give exact le	ocotion)
	ATH (notify medical		etc.)					
	D. TIME (Month)	(Doy) (Yeor)	(Hour) 21E.	INJURY OCCURRED	21F, HOW DID I	NJURY OCCUR?		
X (A	PPROX.)		Whi	le At Not While	e 🗌			
22	1 castify that (I'	(this bosnital)		ne deceased from	7.52	1965 10	3-1	19 4
	ot (I) (we) lost so			3 - /	10 61 001	that in (my) (our) o	sision death accur	
					iew the body ofter deat		printed decir occur	red on the dai
	A. SIGNATURE	he causes stot	ed abave (1	(did)(did not)	tiew the body offer deof	h.	23B, DATE SIGNE	n)
13,		· Jan &	1.00	M.D. Atte	ending Med.	Stoff T	3/	1.,-
236	E:PHYSICIAN'S	Thos.	31-200	Phy	s. Director 23D. ADDRESS	Phy s.	0/1/	165
238	NAME (Type)	+	Mr. D.		Univer	T , T.	11 000	70.1
	MHL	F) 91	MAH	ILLIPS M.D.		3114	7725 (21)	171
24A. B!	URIAL CREMATION EMOVAL (Specily)	, 248. DATE	24C. NA	ME of CEMETERY of CR	EMATORY 24D.	LOCATION	City, town, or county)	(Stote)
	urial	3-4-196	5 Ar	lington Natio		Arlington, Va	l.	ALC: U
25A. D	ATE REC'D BY HEA	LTH DEPT.		FREGISTRAR	25C. FUNERAL DIRECT	OR	ADD	RESS
	MAK	उ । उठ्य (	الماعلان	C. Marion M.	F.C.Higinbo	Thom, Ellico	tt City, Md	
VS 150	-REV. 1/1/65			į.				

294/ SHEET TO THE PRICE IS District Aforth I

	/	1	1	2-	_	)
1	Pu	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	ed	he	ch	
	8	ed	dis	-	Sc	
	D	4	ece	0	÷	
	id	0	Ă	Ce	40	
	hos	Se	5	an	q	
	0	OB	0	Pu	0	
	ü	5	OB	He	7	-
	P	E.	C	0	ř	
	rre	ber	160	Pa	_	pr
	000	1	Ē	9	Sec	Ĕ
4	Ö	On	9	7.0	9	2.
	ath	7	del	2.	lec	ion
	96	0	Un	SE	0	Sit
	#	ect	4	3	the	bo
7	ŧ	i F	3	÷	_	dis
A	10	0	Pu	901	0	-
RT	518	÷	Ā	Ö	nc	fin
O	D	*	Iny	ed	q	0
A	his	20,	of c	Juc	en	D
=	10	A	9	100	E	Ē
FUNERAL DIRECTOR: IMPORTANT	9	7	101	0	10	bal
O	in	ine	90	٥	5	E
E	OF	E	Afr	ho	60	0
E	×	X	0	3	-	0
E	0	-	0	an	·=	ns
0	dic	00	ns.	ici	V Q	nai
A	He	Pe	5	h	2	Leu
2	J-	E	>	٥	0	0
Z	h.	0	Sod	he	Sic	+
5	0	by	(2	0	oh)	Ore
	÷	0	5	10	0	ef
	by	pi-	F	3	Z	P
	Pe	105	atc	to	9	ne
	>	-	n /	933	Pu	tai
	pp	÷	an)	ě	0	90
	D	0	Jo .	-	F	pe
V	be	ed	tu	± 0	at	15
	151	SDS	de	05	P	E
	E	ele	cci	노	0	0
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	ica	Ma	A	1	Pr	de
	+116	×	$\equiv$	0.7	Pe	0
	60	200	18:	Ö	COS	en
	S	9	NO	OS	36	-
	는	t	sh	3	Ď	3

			8/	ALTIMORE CITY	HEALTH DEPARTMENT			
		2344	C	ERTIFICA	TE OF DEATH	Registered Na.	_65_	2344
1. N	CASE NO.  ME OF DECEASED or Print)	Edna	Kavert			and hour of death		12:05 P.N
3. PL	ACE OF DEATH IN	BALTIMORE, MAI	RYLAND		4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residen	nce befare admission
	JLL NAME OF	(If not in hospital a	or institution, give stree	at	Maryland		26	09
HOSPITAL OR oddiess or locofion) Baltimore City Hospitals 4940 Eastern Avenue					C. CITY OR TOWN (If	autside city limits, write	RURAL and give	tawnship)
					Baltimore D. STREET ADDRESS	(If rural, give location)		
			Maryland #	21224	708 S. Grun		21224	
5. SE		CE White	7. MARRIED, NEVER WIDOWED, DIVOR WIDOWED	RCED (specify)	8. DATE OF BIRTH 2-11-189	9. AGE (In years lost birthday)	If Under 1 Ye Months: Doys	r. If Under 24 Hrs. Hours Min.
	dyfing most of warking		108. KIND OF BUSINE	SS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	reign country)	12. CITIZEN C	S. A.
13. F	ATHERS NAME	Harr	ison		14. MOTHER'S MAIDEN N	é Lana	lers.	
5. W	os Deceased Ever i	n U. S. Armed Ford	s of service) 16. SOC	URITY NO.	17. INFORMANT			ORESS
	o o o o o o o o o o o o o o o o o o	e, give war or oale:		-07-373/	RECORDS: BC	H: 4940 East	ern Aveni	ue #21224
1	B. 11 21	/ 1	970	CAUSE OF			INTER	RVAL BETWEEN
	DISEASE OR	CONDITION DIR	ECTLY				ONSI	ET AND DEATH
		ING TO DEATH	1.	(A) Myoca	rdial Infarcti	on	4 Da	ays
	(This does not me heart failure, asthe	nia, etc. Il means	the disease,	DUE TO				
	injuly of complical		death.)	( P)				
		CEDENT CAUSES		DUE TO	2200000 in man a a a ina 00 a 0 a 0 in a in in a a a a a			
1	DISEASES OR Co			(C)				
	UNDERLYING CO							1-10-1-10-10-10-10-10-10-10-10-10-10-10-
ATION	OTHER SIGNIFICAN	BUT NOT RELA	TED TO THE					
2	9A. DATE OF OPER	ATION 198. CON	DITION FOR WHICH C	PERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CON	ISIDERED
CERTIF	0	WAS PERF	ORMED		No	IN CERTIFIING CA	AUSES OF DEAT	н;
١ ا	OR CONTRIBUTING DEATH (notify medic	CAUSE OF	21 B. PLACE ( home, form, etc.)	OF INJURY (e.g., in factory, street, af	or about 21 C. WHERE DID ince bidg., INJURY OCCUR?	(If in Boltima	re City, gave exc	ct location)
0	21 D. TIME (Man	th) (Day) (Year)	(Hour) 21 E. INJURY	OCCURRED	21F. HOW DID II	NJURY OCCUR?		
5	OF INJURY (APPROX)		While At	Not While				
	22 I contifu that	(I) (this baseital	) attended the dece		hmiant 26	19 65 to Mar	ch I.	1965
			d alive on Mar			that In(my) (aur) ap		
							inian dearn go	curred an the dat
	and hour and from	the causes stat	ed abave. (I) (We) (	did) (did not) v	iew the bady after death	١.	23 B. DATE SIC	SNED
	.3AI 3I GIVAT GRE	on.	Clear	M.D. Atte	nding Med.	Stoff TX		
	2C BUYELELAND	, , ,		Phys	Director .	Stoff Phys.	PETCH .	1, 1965
	PHYSICIAN'S NAME (Type)	Dr. C. Ro	bert Cooke	M.D.	4940 Eastern	Avenue Balt	imore, Ma	aryland
24A.	BURIAL CREMATIC	ON, 24B. DATE	24C. NAME of	CEMETERY OF CRE	MATORY 24D.	LOCATION (C	City, town, ar cou	unty) (Stote)
/-	210,50	3-5-6	5 (On 6	Laws	1/	Jacko (	1	Md,
25A.	DATE REC'D BY H	EALTH DEPT.	258. NAME OF REGIS	12	25C. FUNERAL DIRECT	OR \		ADDRESS
	MAR	3 1965 6	POSODIE. N	Chocut !!	Con To Oly	300 Marc	e aux	Belto. 21
VS 1	50-REV. 1/1/65	W 1			The state of			

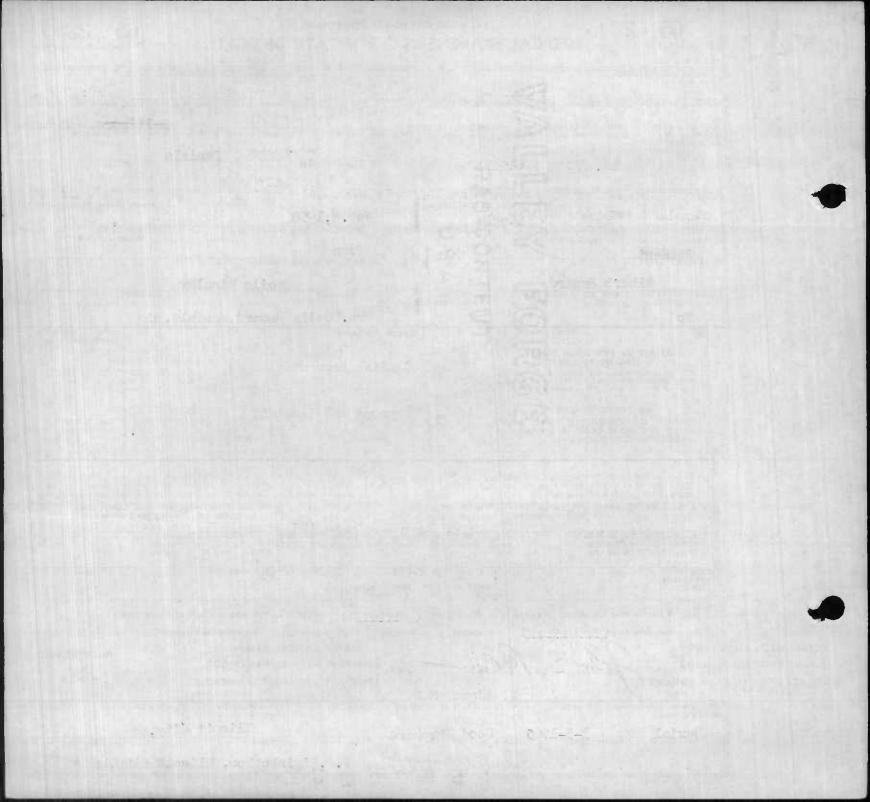


VS 151-REV. 1/1/65

45	BALTIMORE CITY HEALTH DEPARTMENT
(1)	

	65	2345
d	No.	

BIRTH NO.	MED	ICAL EX	CAMINER'S C	ERTIFICATE	OF DEATH Registe	ered No.
M.E. CASE NO.					X	
1. NAME OF DI	ECEASED	and the same		2. D	ATE AND HOUR PRONOUNC	ED DEAD
	BREN	IDA HENA	RD		March 1, 1965	10:30 P.N
3. PLACE IN BAL	LTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENC	E(Where deceased lived. If ins	titution: residence belore odmissio
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Mary	land	Baltimore House
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	(If outside corporate limits, writ	e RURAL and give township)
				Baxix	MOONE Daniels	6300
	ST. AGNES	HOSPIT.	AL	D. STREET ADDRESS	(If rural, give location)	
					Guilford Road	
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Months, Doys, Hours, Min.
Female	White	Sing:		Feb. 8,1950		
	CUPATION (Give kind of wor					12. CITIZEN OF
	f working lile, even if retired)	Bar I		Tenn		WHAT COUNTRY?
Stude	ME.			14. MOTHER'S MAIDE	N NAME	
	Albort Honord				017 - D17	
	Albert Henard		116. SO CIAL	17. INFORMANT	Cecile Ringley	ADDRESS
	(If yes, give wor or dote		SECURITY NO.			
No			?	Mrs.Cecile	Henard, Daniels	, Md
18.	1xx 204	· cf	CAUS	E OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION D	RECTLY				ONSE! AND DEAT
	LEADING TO DEATH	Н	(A) Car	diac tampona	de	
heart failur	not meon the mode of re, osthenio, etc. It meon	s the discose,	DUE TO			
injury or c	omplication which coused	deoth.)	,			
	ANTECENDENT CAUS	ES	Thy	moma and leu	komia	
DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO	moma and red	Remia	
	THE ABOVE CAUSE (A) STING CONDITION LAST.					
Z			(C)			
E	II .					
	GNIFICANT CONDITIONS DEATH BUT NOT RE					
E DISEASE	OR CONDITION CAUSING		m E			
19A. DATE C		NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Ye	s or No. 208. IF YES, WERE F	
0 2	WAS CER	KFORMED		Yes	IN CERTIFYING CAU	Yes
21A. EXTERN.	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., , fomi, foctory, street,	in or obout 21C. WHER	E DID (II in Boltimore City, g	ive exact location)
	USE OF DEATH.	etc.)	, tomi, tociory, sitem,	onice oragi, INJURT OC	COK:	
E 21D TIME	(Month) (Doy) (Yea	or) (Hour) 2	TE. INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
OF INJURY	(1410HHI) (DOY) (160			WHILE	DID HIJORI OCCUR.	
		m. V	WORK AT	WORK		
22.	ertify that I held on	Inquiry	Inspection A	ond the	ot on this bosis, death in	my opinion
					7	
rest	ulted from: Notural ca	ouses A	Accident Suici			
ACTUA	AI ( ) 1. 2	61	7		CAL EXAMINER	DATE SIGNED
SIGNA		. 142	au M.I	ASSISTANT MEDI	CAL EXAMINER &	
	INER'S			ASSOCIATE MEDI	CAL EXAMINER	3-2-65
	(Type) J		Adams, M.D.			
23A, BURIAL CR REMOVAL (Speci		23	C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (City	r, town, or county) (Stote)
		045	lood Chambar		Ellicott Cit	tv.Ma
Burial	D BY HEALTH DEPT.	24B, NAME	of Registration	24C. FUNERAL D		ADDRESS
	MAR 9 196	500	Br. E Stalwork	0	inhothom Filipo	14 024- 202
	11112111	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 mr 1 Manhara.	H L H O	TROOTHOW HILLIAMO	TT 1'9 T'97 MA



	BALTIMORE CITY	Y HEALTH DEPARTMENT	() () () () ()
BIRTH NO. 65 2346	CERTIFICA	TE OF DEATH X Registere	od No. 65 2346
1. NAME OF DECEASED	1011165 4	2. DATE AND HOUR OF I	DEATH
DURKE	LOUISE M	2 27 65	111 A ~
PLACE OF DEATH IN BALTIMORE, M	ARYLAND	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	ed. If institution; residence before admission
HOSPITAL OR oddress or locoti	l or institution, give street on)	MARYLAND C. CITY OR TOWN (If outside city limits,	, write RURAL and give township)
ST AGNE	S HOSPITAL	BALTIMORE 29	53-00
		D. STREET ADDRESS (If rurol, give locate	tion)
		4509 WILKENS AVE	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yea	
FEMALE WHITE	WIDOWED, DIVORCED (specify)	3 19 00   lost birthdoys	Months Days Hours Min,
OA, USUAL OCCUPATION (Give kind of wo	ok 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of working life, even if retired			WHAT COUNTRY?
HOUSEWIFE		LITHUANIA	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
XXXXX KARL MEDZVE	CKAS	MARY LOGUCKOIS	
5. Was Deceased Ever in U. S. Armed F.	orces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	SECORITI NO.	ST AGNES HOSP RECO	RDS
Ms .	CAUSE	OF DEATH	INTERVAL SETWEEN
(This does not meen the mode of heart failure, asthenia, etc. It meen injury or complication which cause ANTECEDENT CAUSE  DISEASES OR CONDITIONS, if tise to the obove cause (A UNDERLYING CONDITION last.	s the disease, d death.)  S (B)  DUE TO  ony, giving	Thoracic antor au	eurism
11			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING	ATED TO THE		
19A. DATE OF OPERATION 198. CO	NOTION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (If in f	Boltimore City, give exoct location)
21D. TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)	) (Hour) 21E. INJURY OCCURRED While At Work At Work		
22. I certify that (I) (this hospite		2 19 19 65 to	2 2765
			2 27 19 65
that (I) (we) lost sow the decease	sed olive on 5 2/	and that in (my) (or	ur) opinion deoth occurred on the dat
	oted obove. (I) (We) (dtd) (did not)	view the body ofter deoth.	
23A. SIGNATURE  Pe Vas F	Byo M.D. AH	ending Med. Staff Vs. Director Phys.	23 B. DATE SIGNED
PEDRO F BAJO	M.D.	23D. ADDRESS	
REMOVAL (Specify)	24C. NAME of CEMETERY of CR		(City, town, or county) (State)
Burial 3-3-			e, Maryland
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS

MAK 3 Howard Hy Hubbard-4107 Wilkens Ave-1300 VS 150-REV. 1/1/65

was released

pital and of death

Deceased

0

attendance

Such

death.

0

prior

mad

isposition

ō

0

mbalmed

0

GLO

the remains

obtained

must

approval

0

prior

0

to

D.O.A.

Was

shows: (1) eceased

the body

MEDI

OF INJURY

(APPROX.)

BALTIMORE CITY HEALTH DEPARTMENT 2347 Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH FEBRUARY 26, 1965 11:15 P. M.
4. USUAL RESIDENCE (Where deceosed fived. If institution: residence before admission)
A. STATE
B. COUNTY (Type or Print) SCHAEFFLER, GEORGE MICHAEL 3. PLACE OF DEATH IN BALTIMORE, MARYLAND MARYLAND FULL NAME OF (If not in hospital or institution, give street oddiess or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township VETERANS ADMINISTRATION HOSPITAL BALTIMORE 3900 LOCH RAVEN BLVD D. STREET ADDRESS (If rurol, give location) BALTIMORE, MARYLAND 21218 2530 MC HENRY STREET 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthday MATR CAUCASIAN IDA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or largin country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ENAMEL ENGINEER BALTIMORE, MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE M. SCHAEFFLER VIOLA FAGAN 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 1 6. SOCIAL V.A.HOSPITAL, BALTIMORE, MD. 21218 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CONGESTIVE HEART FAILURE 10 DAYS LEADING TO DEATH (This does not meen the made of dying, e.g., DUOLD MASSIVE INFARCTION OF LEFT heart failure, asthenia, etc. It means the disease, injury at camplication which caused death,) VENTRICLE 6 MONTHS ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, il any, giving ARTERIOSCLEROTIC HEART DISEASE rise to the above couse (A) stoting the (C) WITH CORONARY OCCLUSION 10 YEARS UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. S 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes of No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED YES U 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner)

(Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

While At Not While Work

At Work

22. I certify that (\$\forall (this haspital) attended the deceased from FEBRUARY 16 19 65 to FEBRUARY 26

that XI) (we) last saw the deceased alive an FEBRUARY 26 19 65 and that in (11/16) (aur) apinian death accurred on the date and haur and fram the causes stated above. (M) (We) (did) (MiX) (Xi) view the bady after death.

23A. SIGNATURE

Attending Phys. 23D. ADDRESS Director L

23B. DATE SIGNED 3/27/65

JOHN S. HOWE

V.A. HOSPITAL

Med.

BALTTMORE MD TOCH RAVEN BLVD.

Burial 3/2/65

Baltimore, Md.

25C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/65

23C. PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

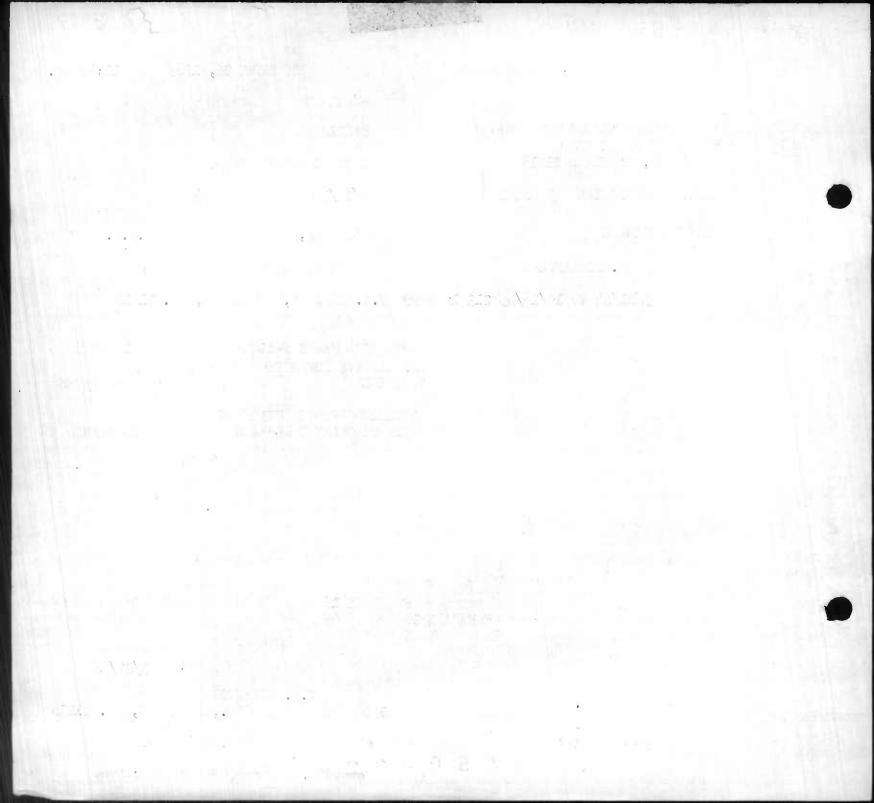
24A. BURIAL CREMATION, 248, DATE

Baltimore National
258. NAME OF REGISTER

250. Particular

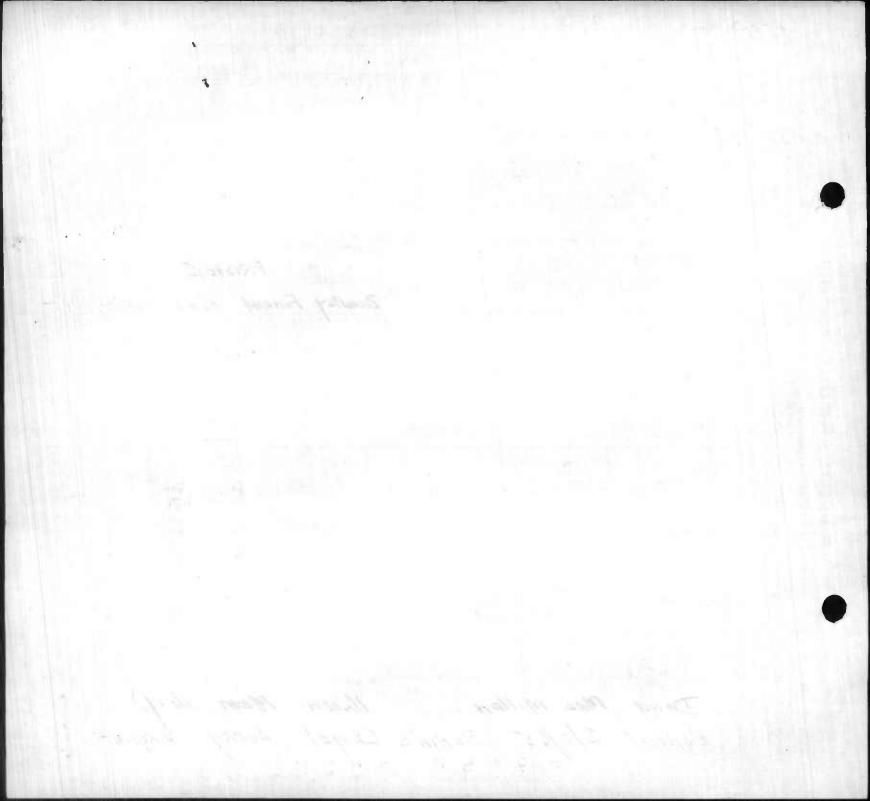
1250. P

Howard H. Hubbard, 4107 Wilkens Ave.



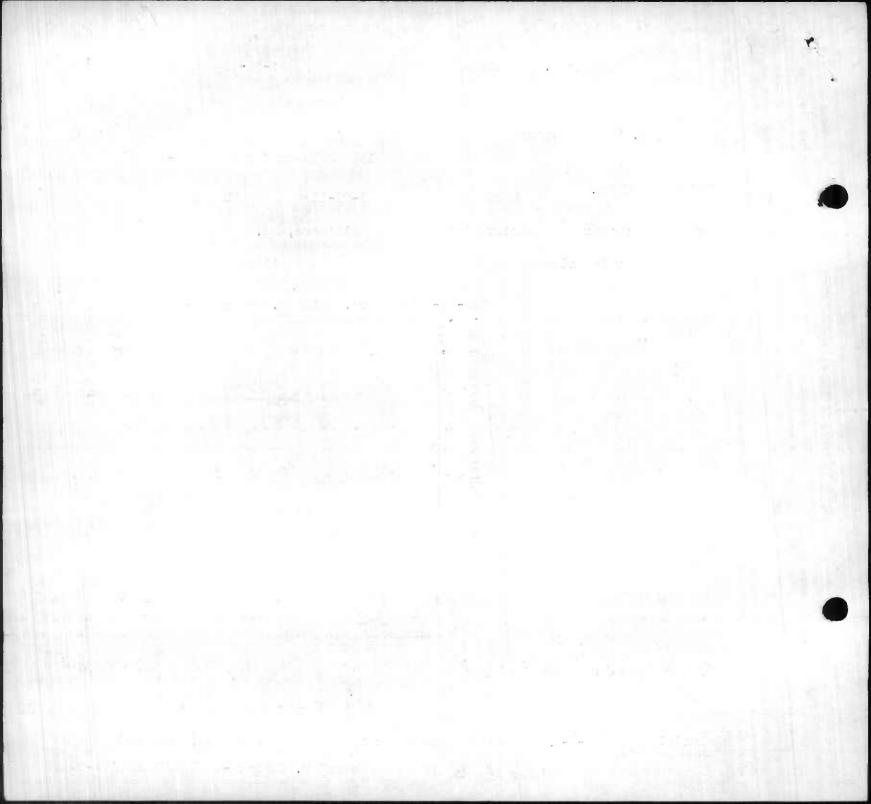
FUNERAL DIRECTOR: IMPORTANT	<b>)</b> .,
This certificate must be approved by the chief medical examiner or his assistant if death occu	death occu
the body was released to the hospital by a medical examiner. Also, if the direct or contri	t or contri
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermi	Undetermi
was D.O.A. at a hospital (except where the physician who pronounced death was in regu	as in regu
deceased prior to death); and (6) No physician was in regular attendance on the deceased	e deceased
written approval must be obtained before the remains are embalmed or final disposition is many	sition is m

12221		CITY HEALTH DEPARTMENT
G. 32000	BIRTH NO. 65 2348 CERTIFIC	CATE OF DEATH Registered No. 65 2348
and eath ased the	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	(Type or Print) EMMA GOETZINGER	February 27, 1945 1:35 PM.  4. USUAL RESIDENCE (Where deceased fixed. (f institution: residence before admission)
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased wed. (f institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street	MARY LAND 27-14
a hos cause ise; (5) endan to de	HOSPITAL OR oddress or (ocotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
e 32./	UNION MIMERIAL HOSPITAL	BALTIMORE
- 6 0 0 0 0	To the manage was	D. STREET ADDRESS (If rurol, give location) 4/6/4 Roland AUE
1200 P	S. SEX 6, RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
ath occurred or contribution determined in regular deceased pr	WIGOW WIGOW	1876 87
tern re- re- re- re- re- re- re- re- re- re-		TRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
nt if death direct or c ;; (4) Undet th was in on the dead	Solid Golding in G. Working in E. Working in	VIRGINIA U.S.
de ct de vas	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
nt if direct direct we have	PETER KAUFFMAN	SUCAN FRISTATE
stant stant e di ind; eath	1113. WOS Deceased Ever in U. 3. Armed Forces:	SUSAN FRISTOF
IMPORTANT  In his assistant  Also, if the dir  of any kind; (  ounced death  iffendance on	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	BRADIEY FUNERAL KOME, HURROY VIT
s ass any ced ndan		E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
MPC his of an of an unce	DISTACE OF COMPUNON DIRECTLY	
0 4 9 5 0 5	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  DUE TO	CEREBRAL Thrombosis
OR: iner ner. actur prol	heost foiluse, osthenio, etc. 11 meons the diseose, injury or complication which caused death.)	arteriosclerosis
TOR: miner niner. fractu o pro igular emba	ANTECEDENT CAUSES (B)	arteriosclerosis
ECTOR: examiner xaminer ) A fractu who pro	DUE TO	
2 _ 0 C	rise to the obove couse (A) stoting the (C)	
Di ica ica ica cia cia di na cia		
RAL DI medical medical burns; physicia an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
ERA ef m med dy bu cian	A DISEASE OR CONDITION CAUSING II.	
FUNERAL be chief med by a medi 2) Body bur e the phys physician w		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUN the chi al by a (2) Boc ere the ere the		.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exect location)
a + +	DEATH (notify medical examiner)	t, office b(dg., INJURY OCCUR?
- 7 - 0		21F. HOW DID INJURY OCCUR?
roved by natury y natury xcept wind (6) the brained	(APPROX.) While At Work At W	While Orak
Z S > X E T	22. I certify that (1) (this haspital) attended the deceased from	February 26 19 65 10 February 27 19 65.
0 0 0 0	that (1) (we) last saw the deceased alive on Floruagy	27 19 65 and that in (my) (our) opinion death accurred an the date
0 9 5 7		t) view the body ofter death.
ust be pased dent ospit deat	23A. SIGNATURE	23B. DATE SIGNED
- W C -	The state of the s	Attending Med. Stoff Phys. 2/27/65
2 2 0 . 2	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
ifficate my was religious and a factor to a perior to approval	David Mae Millow N	1.D. Walow Mem Nool
A.A.		CREMATORY 24D. LOCATION (City town, or county) (Stote)
certificate body was I ws: (1) An a D.O.A. at eased prior	BURIDI 3/2/61 BIFHAM'S	ChAREL LURRY VIRGINIA.
	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS REB
This the show was dece	MAR 3 1965 1 2 3 2 2 3 2 2 2 3 2 2 2 2 2 2 2 2 2 2	1) How ARIP. H. Hubbit RD 4109 Wilkens Hue
	VS 150-REV, 1/1/65	



VS 150-REV. 1/1/65

		BALTIMORE CITY	HEALTH DEPARTMENT	
	NO. 65 2349	CERTIFICA	TE OF DEATH Registered Na.	65 2349
1. N.A (Type	Charles M.	Somerlock	2. DATE AND HOUR OF DEATH  2-26-65	6:15 P.
3. PL	ACE OF DEATH IN BALTIMORE, MAI	RYLAND	4. USUAL RESIDENCE (Where deceosed lived, )f in A. STATE B. COUNTY	nstitution: residence before odmissio
H	JLL NAME OF (If not in hospitot of oddress or location ISTITUTION	or institution, give street	Maryland C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
7	St. Agnes Hosp	ital	Arbutus D. STREET ADDRESS (If rurol, give locotion) 1546 Sulphur Spring Road	- 21227
	ale White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH  3-25-11  9. AGE (In years lost birthdoy)  35 53	If Under 1 Yr. If Under 24 H. Months Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work during most of working life, even if retired) rehouse Manager	Western Auto	Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHERS NAME Oscar Somerloc	k	14. MOTHERS MAIDEN NAME Alice	
15. W (Yes,	Vos Deceosed Ever in U. S. Armed For no or unknown) (II yes, give wor or dote: NO	1 6. SOCIAL SICURITY NO. 215-07-7370	Mrs. Hilda E. Somerlock-1	ADDRESS Rd.
	DISEASE OR CONDITION DIR LEADING TO DEATH (This does not meen the mode of heart foilure, esthenia, etc. It means injury or complication which coused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it is to the above cause (A) UNDERLYING CONDITION lost,	dying, e.g., AND AND THE TO SELECT T	C. V. a - Veretoras Throm bo Leec. atteris Schor	
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	DITION FOR WHICH OPERATION	ZCE SICE C. W. C.  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
0 7	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID (If in Boltimor ffice bldg., INJURY OCCUR?	e City, give exoct locotion)
MEDIC	21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED  White At Not White Work At Work	21F. HOW DID INJURY OCCUR?	
1	22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and fram the causes state 23A. SIGNATURE	d alive an 2-15- ed abave. (I) (We) (did) (111-11)	ending Med. Stoff	1965 inian death accurred an the do  238. DATE SIGNED  3-1-65
	PATSICIAN'S	M.D.	Catous ville	
	Burial CREMATION, 248. DATE REMOVAL (Specify)  Burial 3-2-65	Loudon Park Ceme		ity, town, or county) (Stote)



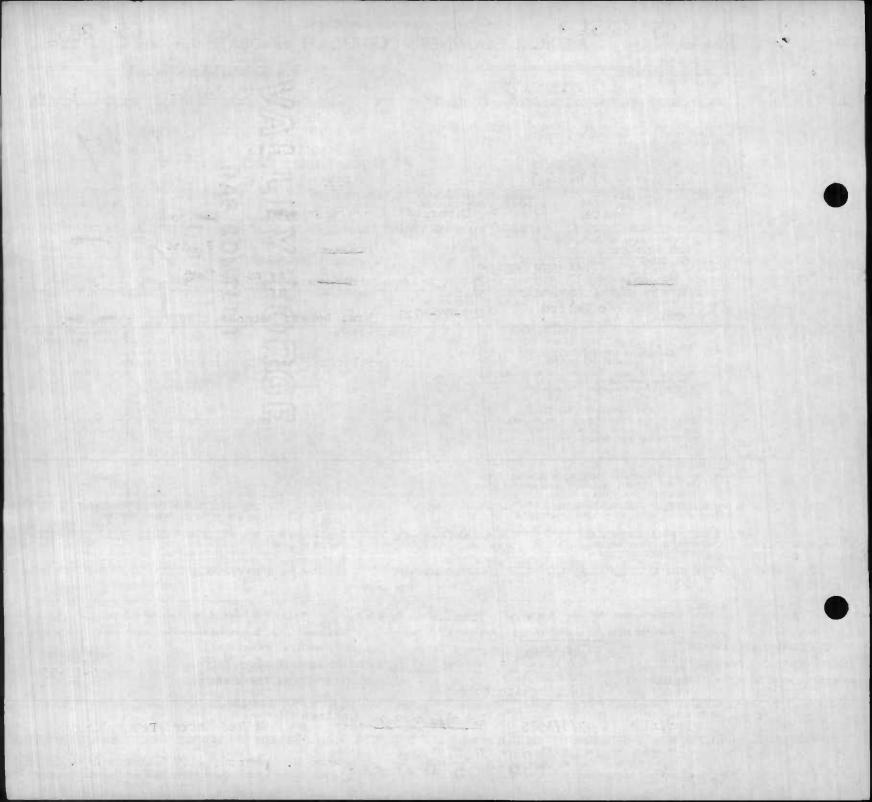
	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPORTAN	Ó		
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	by the chief med spital by a media ure; (2) Body buri	ical examiner cal examiner. ns; (3) A fractur	or his assistant Also, if the dir e of any kind; (	proved by the chief medical examiner or his assistant if death occurred in a hospital and he hospital by a medical examiner. Also, if the direct or contributing cause of death ny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	a hospital and cause of death se; (5) Deceased	7 3
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	where the physician with the phy	ician who pronas in regular	nounced death attendance on med or final di	was in regular after the deceased prior sposition is made.	to death. Such	K

		BALTIMORE CITY	HEALTH DEPARTMENT		65 0000			
BIRTH		CERTIFICA	TE OF DEATH	Registered Na.	65 2350			
1.NAA	ME OF DECEASED MC DONALD ,	FANNIE M.		7-65	4:45 P N			
FUL HO:	L NAME OF SPITAL OR TITUTION  ST. AGNES HOS		A. STATE B. COUN MARYLAND C. CITY OF TOWN (If OUT BALTIMORE	ISIDE city limits, write RU	RAL ond give township)			
			RT 4 BOX	416	53-00			
	EMALE WHITE WI	NIED, NEVER MARRIED DWED, DIVORCED (specify) DOWED	3-14-93 92	72	If Under 1 Yr. If Under 24 Hrs Months Doys Haurs Min,			
dane de	SUAL OCCUPATION (Give kind of work 108, KINI uring most of working life, even if retired) ************************************	Self- EXXXXXX Employed		gn country)	U.S.			
13. FA	OSCAR WILLIAMSON (D	EC D)	Lucy -	ME				
15. Wa (Yes, no	is Deceased Ever in U.S. Armed Forces? a ar unknawn) (If yes, give war ar dates af servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
1B.	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, eart failure, asthenio, etc. It means the dise	(A) Ceru	DEATH  Board Vascular	accident	INTERVAL BETWEEN ONSET AND DEATH WILLS			
D ris	ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, given to the obove couse (A) sloting NDERLYING CONDITION lost.	(B) H	sperlmen		years-			
ATIO	THE SIGNIFICANT CONTRIBLE OF THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  A. DATE OF OPERATION 198. CONDITION F	TING THE OR WHICH OPERATION	20 A. AUTOPSY? (Yes ar Na		NDINGS CONSIDERED			
ERTIFIC	WAS PERFORMED			IN CERTIFYING CAUS	SES OF DEATH?			
_ 0	A. ACCIDENT WAS UNDERLYING  R CONTRIBUTING CAUSE OF  EATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact lacation)			
21 01	D. TIME (Manth) (Day) (Year) (Haur) FINJURY PPROX.)	21F. HOW DID INJURY OCCUR?						
th	22. I certify that (I) (this hospital) attended the deceased fram 1-27-651965 to 2-27-65, that (I) (we) last saw the deceased alive an 2-27 19 65 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above. (I) (We) (did) *** Wellow the body after death.							
23	A. SIGN) TURE  A. SIGN) TURE  C. PHYSICIAN'S  NAME (Type)	M.D. Alle	nding Med.	Staff Phys.	2/28/65			
24A. B	REMOVAL (Specify)	C. NAME of CEMETERY OF CRE			, town, or caunty) (State)			
	DATE REC'D BY HEALTH DEPT. 258 NA	Good Shepherd Ce	25C. FUNERAL DIRECTOR	3	ADDRESS			
	MAR 3 1965 Oct.	ent E Taylor	Howard H. Hubb	3				

, 27 90-1.-Treat at Table ; red Linear ac.

Howard H. Hubbard, 4107 Wilkens Ave. 21229

VS 151-REV. 1/1/65



the chief medical examiner

0

to the hospital by

approved

nature;

any

of

accident

the body

shows:

IMPORTANT	F
or his assistant if death Also, if the direct or cree of any kind; (4) Under nounced death was in	Also, if the direct or contributing cause of death re of any kind; (4) Undetermined cause; (5) Deceased nounced death was in regular attendance on the

or final

embalmed

regular

WOS

physician

å

9

and

death) hospita

prior to

eceased

O to

o

MOS

written approval

before

obtained

physician

where

(except

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before A. STATE Alexander
3. PLACE OF DEATH IN BALTIMORE, MARYLAND Maryland (If not in haspital or institution, give street FULL NAME OF HOSPITAL OR address ar lacation) C. CITY OR TOWN (If autside city limits, write D. STREET ADDRESS (If rural, give location) 1310 Appleby Ave. made. 1310 Appleby Ave 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. Manths: Days Hours WIDOWED, DIVORCED (specify) Male White Single 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? dane during mast af working life, even if retired) U.S. Grocery Store Balto Co. 4. MOTHER'S MAIDEN NAME

If Under 24 Hrs. Caleb J. Peirce.
15. Was Deceased Ever in U. S. Armed Farces Sarah ADDRESS 17. INFORMANT SECURITY NO. 215 24 8707 John E Pierce. 1310 Appleby Ave. INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, larm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact location) DEATH (natify medical examiner) etc.)

MEDIC 21 D. TIME (Manth) (Day) (Year) (Haur) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?

OF INJURY While At Nat While (APPROX.) At Wark Wark

22. I certify that (1) (this hespital) attended the depeased from that (1) (we) last saw the deceased alive an The and that in (my) (cor) apinion death accurred an the date

and bour and from the couses stoted above. (1) (bit) (did) (did not) view the body after death.

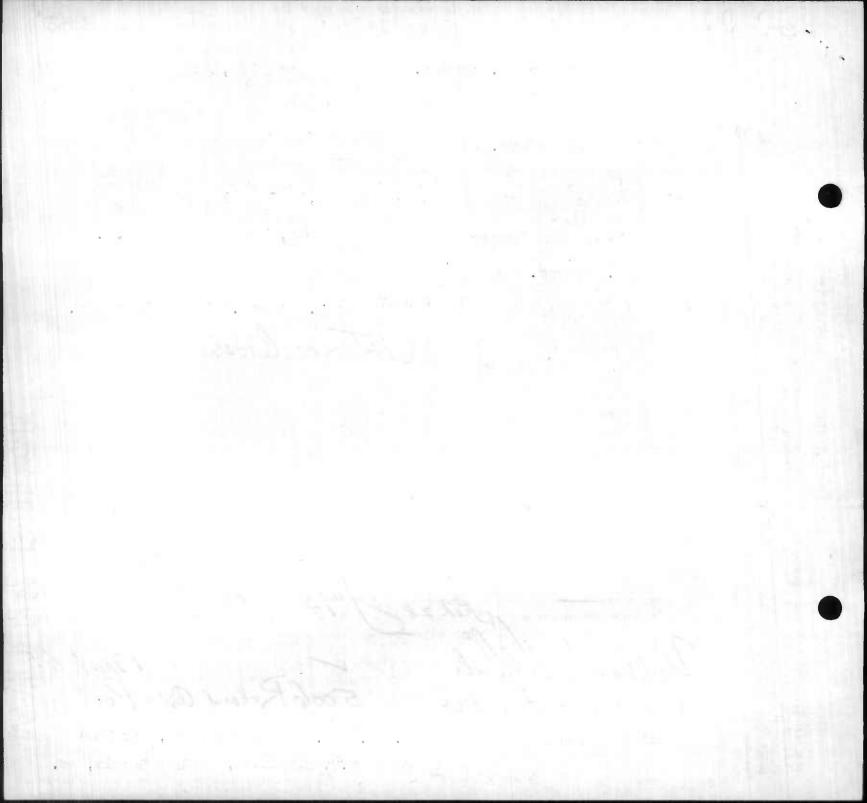
23A. SIGNATURE	of Helfreds	M.D. Attending Med. Staff Phys.	238. DATE SIGNED	6
23 C. PHYSICIAN'S		23D. ADDRESS	n 1	

REMOVAL (Specify) March 3/65 Jessops Meth. Ch. Cem. Burial

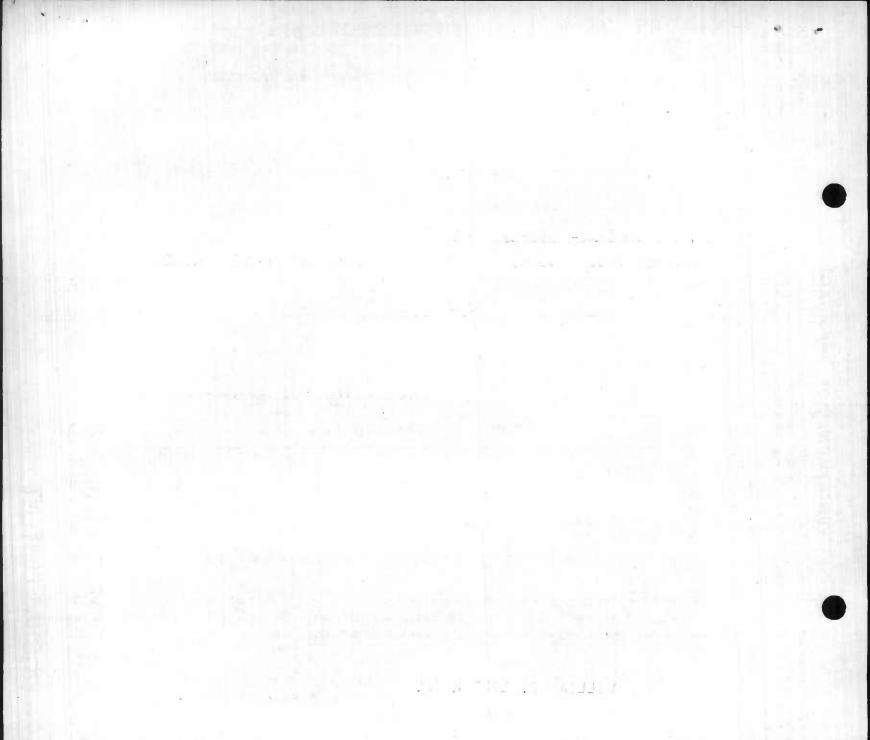
Cockeysville , Maryland

25C. FUNERAL DIRECTOR R.V. Singleton, Glen Burnie, Md.

VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT						
	TH NO. 65 2353	CERTIFICA	TE OF DEATH	Registered No	65 2353	
1. N. (Typ	Pe of Print) ALVIN H. BURMA	N, SR.	MARCH	HOUR OF DEATH	11:59 P.	
F	PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (II not in hospital or institut oddress or location)	ion, give street	MARYLAND B. COUNT	Y	27/03	
/II	NSTITUTION	, married a	BALTIMORE  D. STREET ADDRESS (If ru		URAL and give tawnship)	
UNION MEMORIAL HOSPITAL  5. SEX 6. RACE 17. MARRIED, NEVER MARRIED		5022 CATALPHA ROAD				
N	MALE CAUCASIAN WIDE	NARRIED (specify)	JANUARY 14, 1896 "	AGE (In years ist birthday) 69	If Under 1 Yr. If Under 24 Hr Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work 10B, KAND OF BUSINESS OR INDUSTRY done during most of working lile, even if retired) Ret. Supervisor-Seattest Dairy		MARYCAND	n country)	12. CITIZEN OF WHAT COUNTRY?		
	FATHER'S NAME DOCKNOWN HENRY BURMAN		14. MOTHER'S MAIDEN NAM	hia Amrei	n	
(Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of serv UKNOWN)	16. SOCIAL SECURITY NO. 215102730	HOSPITAL RECO	oros	ADDRESS	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, heart failure, asthenia, etc., il means the dise injury or complication which caused death.)	e.g., DUE TO	mplioner mi	vaboring ods with		
ATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, givine to the above cause (A) stating UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	TING (C)	Listie dut	with	tie	
CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?	
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)	
0	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Work  Not White At Work		RY OCCUR?		
22. I certify that (I) (this hospital) attended the deceased from FEBRUARY 22. 19 (a5 to MARCH 1 19 (a5 that (I) (we) last saw the deceased alive on MARCH 1 19 (a5 and that in (my) (our) opinion death occurred on the dat and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.						
	23A, SIGNATURE  William R. Sint  23C. PHYSICIANS WILLIAM R.	LINTON JR.	23D. ADDRESS	toff hys.	MARCH 2 1965	
24A	A. BURIAL CREMATION, 248. DATE 24	M.D.  C.NAME of CEMETERY of CR	UNION MEMOR		y, town, or county) (State)	
25A	burial 3-5-65 A. DATE REC'D BY HEALTH DEPT. 25B. NA.		tional Cem Bo	eltimore,	Md.	
	l G	6500	Leonard Jos	Ruck Inc E	Baltimore, Md.	



AND THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PAR

•	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPORTA	-		1 4	TI
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	by the chief med	lical examiner	or his assista	nt if death occu	urred in a hos	pital and	' -
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (	pital by a medi	cal examiner.	Also, if the	direct or contri	buting cause	December of death	5
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	where the phys	ician who pron	ounced dea	h was in regu	lar attendanc	te on the	_
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	No physician w	as in regular	attendance	n the decease	d prior to dec	ath. Such	Z
received an amount of the above the state of	J Lakana Ala	Indana and anim	many or board	dienocition is an	- ada		

	BALTIMORE CITY	Y HEALTH DEPARTMENT		
M.E. CASE NO. 65 2354	CERTIFICA	TE OF DEATH	Registered No.	65 2354
1. NAME OF DECEASED			-CS DEATH	. 4/30_
3. PLACE OF DEATH IN BALTIMORE MARYLAND	411111			nstitution; residence before admission
COTICIOATE CODDECTED	3-16-65	A. STATE 8. COUNT	TY	
NAME OF IT NOT IN hospital or institu	tion, give street	2808 HAI	motons	PUC BALTO., MD.  RURAL ond give township)
HOSPITAL OR oddress or location) INSTITUTION				
2		BAHIMOR	, 6 mil	, •
	, <del>-</del> ,	D. STREET ADDRESS (If r		17-34
Johns Hopkins A	Yospilal	3808 HAMILTON		2/- 3/
WID	OWED, DIVORCED (specify)	B. DATE OF BIRTH	ost birtida	If Under 1 Ys. If Under 24 His Months: Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KIN	married	12-28-1897	6/2	
DA, USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
d() /		POTONTA		U-S-A- Estonia
3. FATHERS NAME		ESTONIA  14. MOTHER'S MAIDEN NAM	A E	
Van O M	-4-1	Cenne C	wito.	_1
Aux Treun	ruen		- inco	
5. Was Decoased Ever in U. 3. Armed Forces? (es,no or unknown) (If yes, give wor or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		MRS. HILDA TREU	MUTH.	SAME
18. 5 7 . 21	CAUSE C	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	2.	A TH	/	ONSET AND DEATH
LEADING TO DEATH	(A) M	erenteria Three	mboris	2 days
(This does not mean the mode of dying, heart failure, asthenia, etc. II means the dis		8 <del>0 0</del> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		n a noa a duanna a na a na a na a na a na a na
injury or complication which coused deoth.)	0030,			
ANTECEDENT CAUSES	(8) DUE TO			
DISEASES OR CONDITIONS, il any,				
rise to the obove cause (A) stating		***************************************		
UNDERLYING CONDITION lost.				
Z OTHER SIGNIFICANT CONSTRUCT CONTROL	LITING			
OTHER SIGNIFICANT CONDITIONS CONTRIB				
O ISEASE OF CONDITION CAUSING IT.	FOR WHICH/OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES WEDE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	in the land	1/2	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	office bldg., INJURY OCCUR?	III COMMO	
	P			
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY		21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Not Whi	le		
22. I certify that (I) (this hospital) attended	ded the deceased from	7 / 1	9 6 1 to	3/3 1965
that (I) (we) lost saw the deceased alive	2 / -			- /
			r in(my) (our) op	inion death occurred on the do
ond hour and from the couses stated abo	ve. (I) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE	1//	terdina Co	S-4 }-	23B. DATE SIGNED
1/1/Evl	M.D. All	ys. Med. Director	Staff Phys.	3/7/-61
23C. PHYSICIAN'S NAME (Type)	1/	23D. ADDRESS	1/	11. 11 11
T. P.	KOKKO M.D.	John	5 How	ling Horard
44. BURIAL CREMATION, 248. DATE 2	4C. NAME of CEMETERY OF CR	REMATORY / 24D. LC	CATION (C	ity, town, or county) (State)
REMOVAL (Specify)		//		
	T. LINCOLN CEME		TRICT OF CO	LUMBIA
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISERAR	25C. FUNERAL DIRECTOR		ADDRESS
MAR 3 1965 R.	Ren) C ENCUDED IN	DEONARD J. R	UCK, INC.	BALTO, MD.
VS 150-REV. 1/1/65				

M.H

shows: (1)

deceased was D.O.

BIRTH NO.

5. SEX

M.E. CASE NO.

I. NAME OF DECEASED (Type or Print)

FULL NAME OF HOSPITAL OR INSTITUTION

13. FATHER'S NAME

CERTIFICATION

MEDICAL

3. PLACE OF DEATH IN BALTIMORE, MARYLAN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or datas of

on the

of deat an

Such

death. ance

0

	BALTIMORE CITY	Y HEALTH DEPARTMENT		
1 NO. 65 2355 CASE NO.	CERTIFICA	TE OF DEATH		65 2355
ME OF DECEASED			D HOUR OF DEATH	
CUIZABETH BO	DAZ FITZPATI	RICK NIA	RCH Z,	1965 2:15 PM.
ACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	o doceosod lived. Il in	stitution: residence before admission)
JLL NAME OF (II not in hospital or instiluti OSPITAL OR address or location) ISTITUTION	on, give street	C. CITY OR TOWN (If outs	side city limits, write	KURAL and give township)
1537 ARGONN	E OR,	D. STREET ADDRESS (IF	one rural, give location)	
BALTI	MONE IP, MO		ARGONA	15 DR,
F W WIDO	WED, NEVER MARRIED (Specify) W 100 WED	+UNE6, 1877	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	Own Home	MD.		USA
HOUSE WI PIE	owit / joine	14. MOTHER'S MAIDEN NAM	AE	Ujri
JAMES A. BUSH		MINNI		INDMAN
Vos Deceosed Ever in U. S. Armed Forces? no or unknown) (II yes, give wor or dotos of servi	16. SOCIAL SECURITY NO. None	17. Mirsan George	Fler	Same
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, heart foilure, astheria, etc. it means the dise injury or complication which caused death.)		ANTERIOSCL	FROMC V	INTERVAL BETWEEN  SAME SO YEARS  1. RISEASE 20 YEARS
ANTECEDENT CAUSES	(B)		,m nor-re = 0 n a c a a montr-réssa a coa coa coa c	
DISEASES OR CONDITIONS, if ony, give				
rise to the obove couse (A) sloting UNDERLYING CONDITION lost.			/ DOWN TO	50 MININE
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
2) A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF  DEATH (notify modical examinet)	21B. PLACE OF INJURY (e.g., inhome, torm, factory, street, or etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	o City, give exect locetion)
21D. TIME (Month) (Doy) (Your) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?	
OF INJURY (APPROX.)	While At Not While			
22.   certify that (I) (this hospital) attend	Work At Work	SPEPT 1	064 10	MARCH 210 65.

22. I certify that (1) (this hospital) atte

WARCH / 19 65 that (1) (we) last saw the deceased alive an..... and that in(my) (aur) opinion death accurred on the date

and haur and fram the causes stated abave. (1) (We) (did) (dfd nat) view the bady after deoth.

23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)

Med. Director Stoff 23B. DATE SIGNED

REGISTRAR

REMOVAL (Specify) Olivet Cemetery | 125C. FUNERAL DIRECTOR 25B. NAME OF

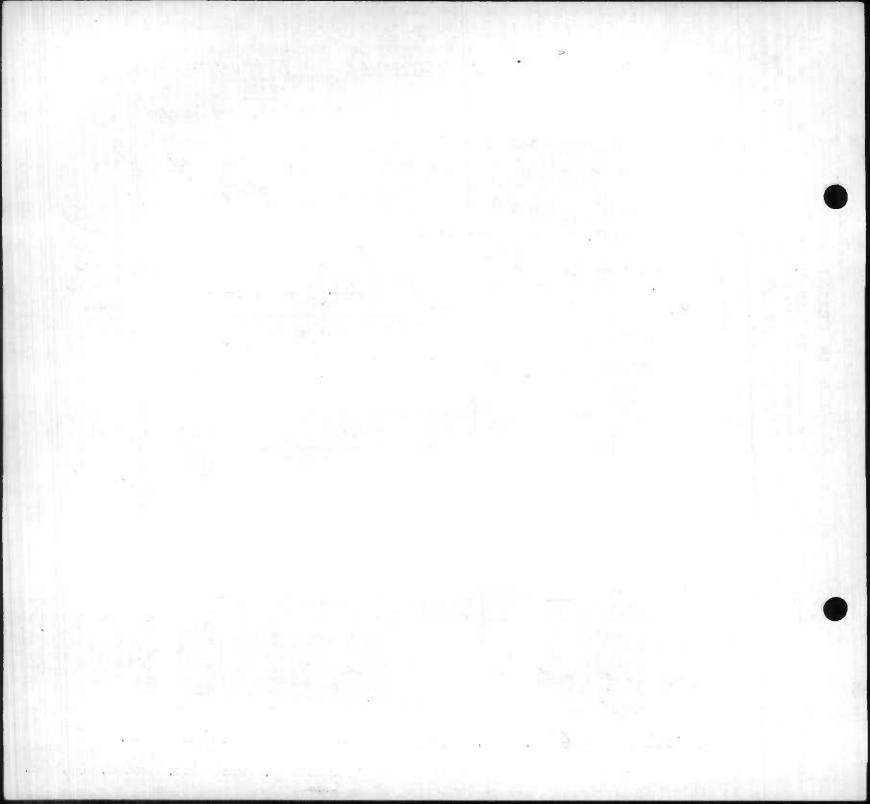
Baltimore Md.

Ruck Inc. Balto. 14, Md.

BURIAL CREMATION.

25A, DATE REC'D BY HEALTH

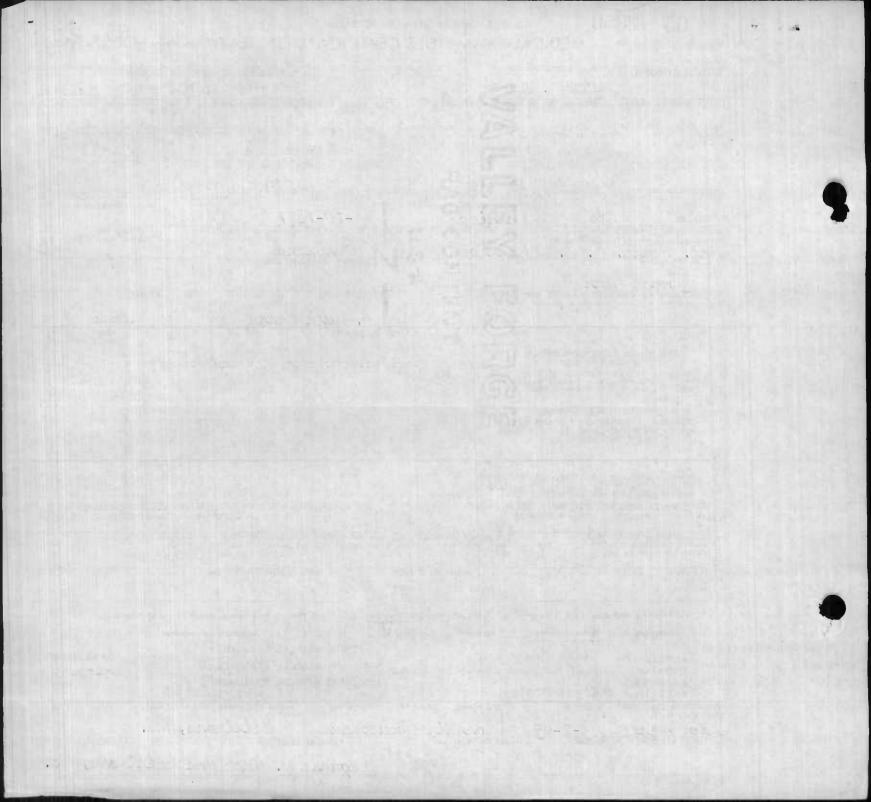
VS 150-REV, 1/1/65



VS 151-REV. 1/1/65

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 2356

DIRTH NO.	1112	CAL ENTAIN	TEN O C		01 027			
M.E. CASE NO.								
1. NAME OF DE	WALTER S	. HENRY			February 2			45 a <sub>M</sub>
FULL NAME OF	(IF NOT IN HOSPIT	HERE PRONOUNCED D		Mai	ryland		tution: residence before NTY  RURAL and give town	odmission)
HOSPITAL OR	ADDRESS OR LOC	ATION)			ltimore	ie iliniis, wille	770	3
1				D. STREET ADDRESS		otion)	- 1-0.	
	Union Me	morial Hospit	tal	2696	Southern A	venue		
5. SEX	6. RACE	7. MARRIED, NEVER M		B. DATE OF BIRTH	9. A	GE (In years birthday)	If Under 1 Yr. If Un Months, Doys, Hou	der 24 Hrs.
male	white	married		3-10-18	391 7	73		
done during most of	UPATION (Give kind of working life, exen if refixed)	k TOB. KIND OF BUSINES	,	100	1	y)	12. CITIZEN OF WHAT COUNTRY	115
Ret. Pe	nna. K. K.	Railroad		Maryla 14. MOTHER'S MAID				us
	rd Henry							
15. WAS DECEASE	ED EVER IN U.S ARME		AL RITY NO.	17. INFORMANT			ADDRESS	
res, no or unknown	(If yes, give wor or dot	es of service/	KIII NO.	A. Ruth	Henry		same	
1B.	9 /		CAUSE	OF DEATH	, 10.00		INTERVAL	
DISEA	SE OR CONDITION D	IRECTLY					ONSET AN	DEATH
(This does	not mean the mode of	dvina e.a.	Arterio	osclerotic o	cardiovasc	ular di	sease	
heart failure	not meon the mode o c, osthenio, etc. It meon implication which coused	the discose, deoth.)	DOE 10					
	ANTECENDENT CAUS	ES						
DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO				******************	
UNDERLYI	NG CONDITION LAST.		(C)					
<u> </u>   <u> </u>	16		(6)					
O THE	ENIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSIN	LATED TO THE						****
19A. DATE O		NDITION FOR WHICH O	PERATION	Yes		YES, WERE FIN TIFYING CAUSI Yes	IDINGS CONSIDERED	
UNDERLYING	CAUSE WAS OR CONTRIB-	21B, PLACE Of home, form, feetc.)	F INJURY (e.g., octory, street, o	in or about 21 C. WHE office bldg., INJURY O	RE DID (If in Bol	timore City, give	e exact location)	
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yes	(Hour) 21 E. INJUI WHILE AT	RY OCCURRED NOT	WHILE	DID INJURY OCC	OUR?		
22.	rtify that I held an				not on this bosis	s death in m	v oninion	
	Ited from: Notural co			7		mined monne		
		/-	- //		ICAL EXAMINE			
ACTUA		Stept les-	when	ACCICTANT MED		-	DATES	
EXAMI		Breitenecker		ASSOCIATE MED	ICAL EXAMINE	ER 🗌	2-28	-63
23A, BURIAL CRI REMOVAL (Speci	EMATION, 238 DATE		el CEMETERY C	OF CREMATORY	23D. LOCATIO	N (City,	town, or county)	(Stote)
entombme	1 2 2	65 Lorra	aine Ma	usoleum	Balti	more, /	nd.	
	BY HEALTH DEPT.	248, NAME OF REGIS		24C. FUNERAL	DIRECTOR		ADDRESS	
	MAR 3 1965	12.0 5E.V	Tabley M. a	Lannand	1. Ruch	Inc B	altimore.	Md.



Such

eat ance

TO

0

prior

FULL NAME OF

HOSPITAL OR

INSTITUTION

1B.

CERTIFICATION

AL

MEDIC

eceased written

70

uo

attend

Deceased

and

hospital

0

1 4.

Registered No

AND HOUR OF DEATH

	65	2357
• —		7007

U.S.A.

ADDRESS

119

BIRTH NO. 65	2357	CERTIFICATE OF	DEATH
I NAME OF DECEASED			2. DATE
(Type or Print)	JANE SHIVERS		Fel
3. PLACE OF DEATH IN	BALTIMORE MARYLAND	14. USUAL	RESIDENCE (V

(If not in hospital or institution, give street

oddress or location)

1119 Carsons Ct.

	Feb.28	, 1965	1/	P. 1
USUAL R	ESIDENCE (Where dec	eosed lived, If insti	tution: residence	before dmission
. STATE	B. COUNTY		11	1
2.5	-			17 /

1	A. STATE	B. COUNTY		11	
	Mary	land		16	-01
1	C. CITY OR TO	DWN (If outside cit	y limits, write RUR	AL ond give	township)

Baltimore (If rural, give location) D. STREET ADDRESS

1119 arsons Ct. B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs.

7. MARRIED, NEVER MARRIED 5. SEX 6. RACE If Under 1 Yr. Months: Doys WIDOWED, DIVORCED (specify) lost birthdoyl Hours 12 Female Negro Widowed 11/12/94 (0 Widowed 70 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)

Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

SOCIAL 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 8 1119 Carsons Ct. Sarah L. Reed No

DUE

INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the made of dying, e.g. heart failure, asthenia, etc. It means the disease. injury or camplication which coused death.)

giving V OLL ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, to the obove cause (A) stating UNDERLYING CONDITION last.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) DEATH (nutify medical examiner) etc.)

21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work

22. I certify that (1) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive an... and that In(my) (our) apinion death occurred on the date

and hour and from the courses stoted obave. (HJWe) (did) (did not) view the body ofter death

	the second state of the se		1
23A. SIGNATURE		238 DATE SIGNED	
myw	M.D. Attending Med. Stoff Phys.	3/3/	
COOC BUNCLES A SALE	1220 4 8 8 8 8 8 8		_

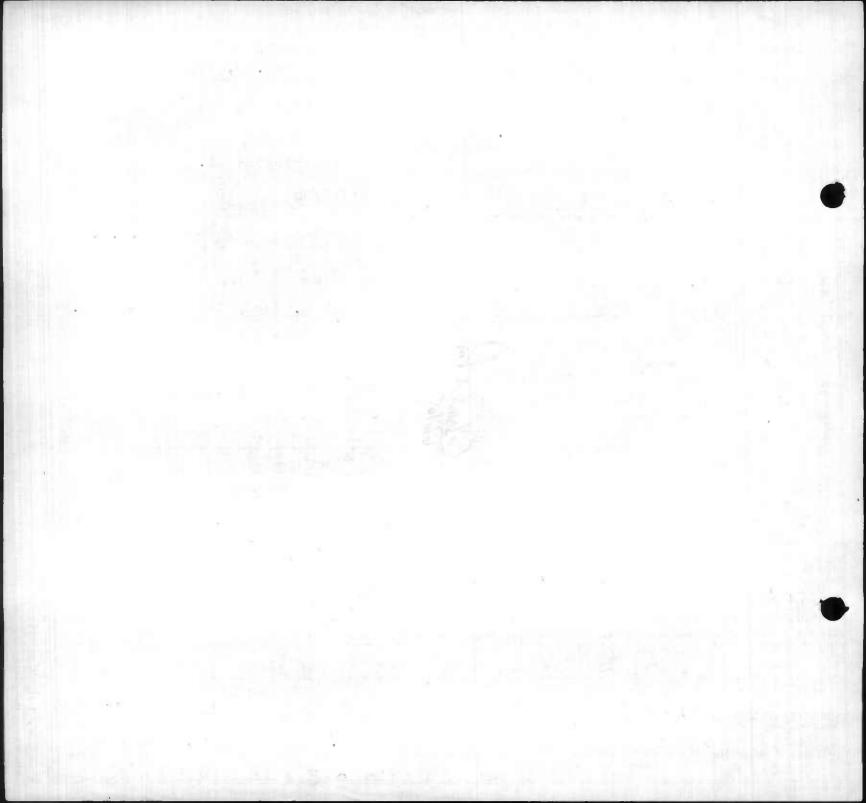
23D. ADDRESS NAME ( M.D.

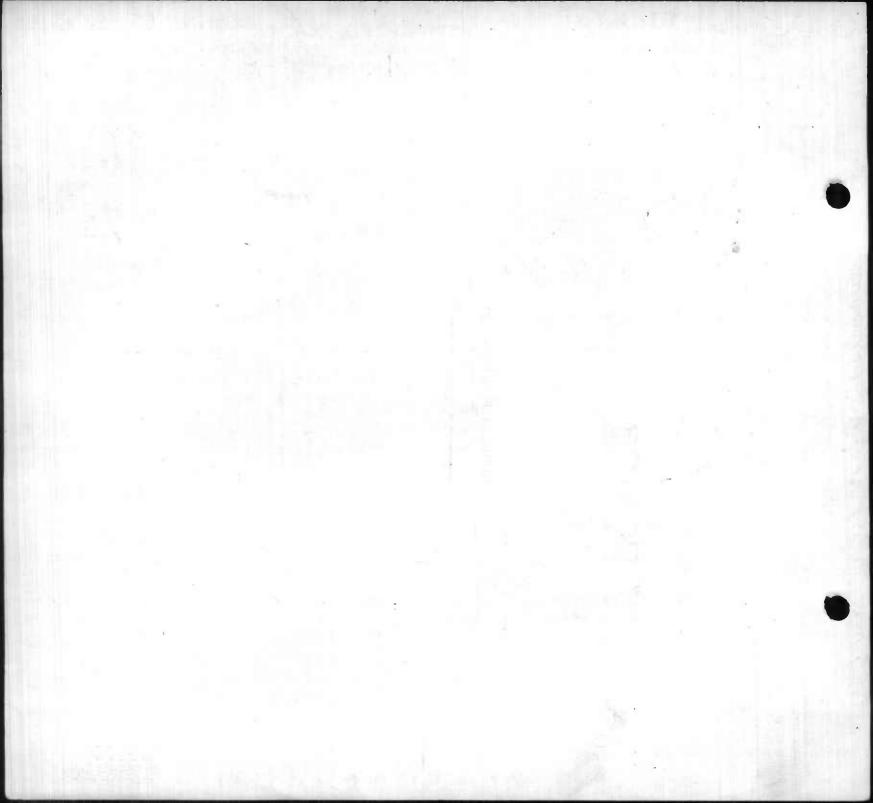
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY

65 Cathederal Baltimore, New Cem. Maryland

25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. EUNERAL DIRECTOR ADDRESS

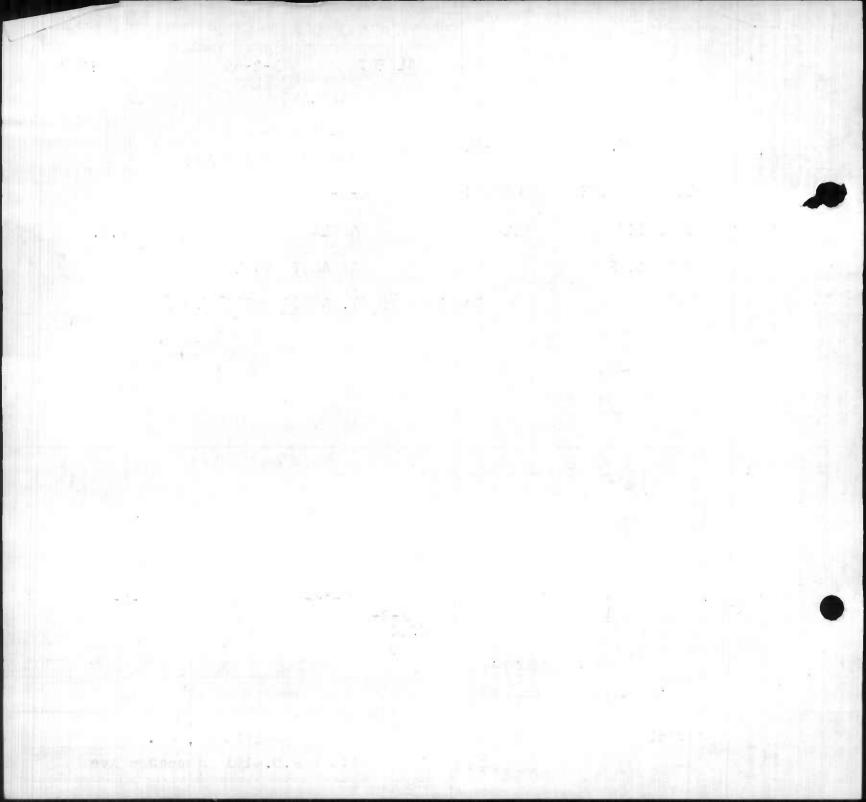
VS 150-REV. 1/1/65



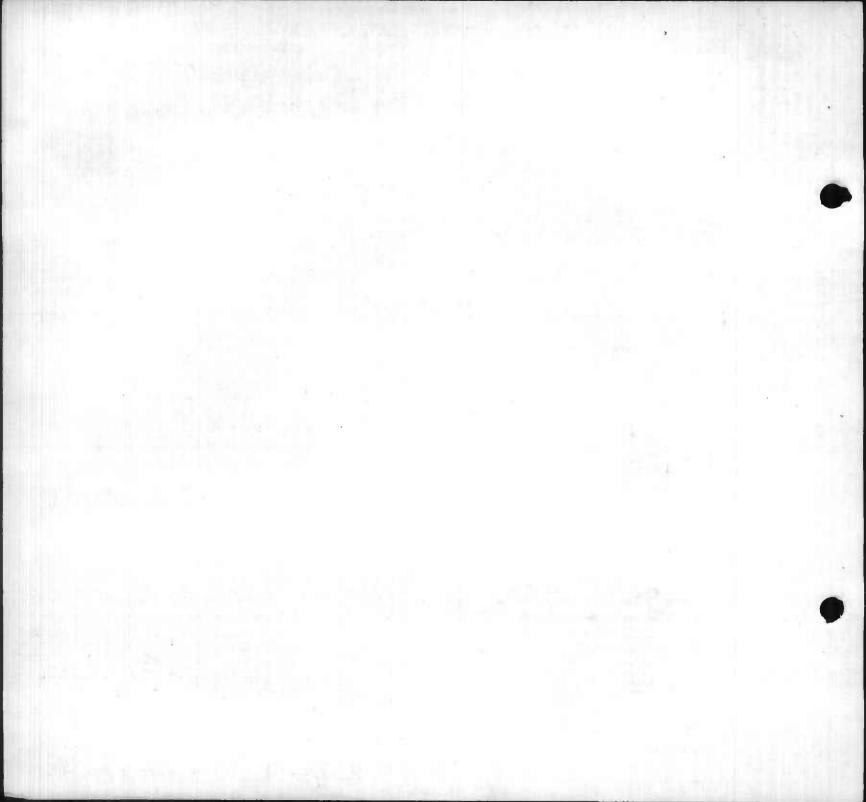


	0		1		51		
	This certificate must be approved by the chief medical examiner or his assistant if death accurred in a hospital and	-	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	0	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such		
	ano	anti	Sec	the	Such		
	7	þ	cec	0			
	spit	of	De	00	ath		
	hos	USe	(5)	dan	þ		
	0	000	Jse	enc	10	1	/
		ng	Cal	att	rior	7	
	rre	but	peu	ar	٥	opi	
1	000	hril	mi	nge	sed	E	
`	-E	200	ster	re	Ced	n is	
	eat	0	nde	Sir	P	itio	
	if d	BCt	4	× ×	the	pos	
2	tu	dire	4 4	+	nc.	dis	
1	ista	he	cine	pep	93	na	
PUNERAL DIRECTOR: IMPORTANT	OSS	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	ny i	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	lan	written approval must be obtained before the remains are embalmed or final disposition is made.	
1	his	0	fai	nce	enc	o P	
5	0	AIS	reo	nou	att	me	
K	Jer	er.	ctu	pro	ar	pa	
2	E	nin	fra	0	ng	e m	
L	BXG	Xar	A	3	re	are	
7	10	-	3	Ign	s	ins	
5	edic	dice	Jrns	Sic	MO	ma	
7	E	med	/ br	ph)	an	e re	
Z	hie	0	pog	he	Sic	th	
5	9	by	2) 8	+ 0	phy	ore	
	4+ 4	tal	) '0	hei	ON	bef	
	q p	Spi	tur	*	6	per	
	NO.	» he	חמ	cep	P	rain	
	proc	the	any	Xe)	0	obi	
	0	10	of	al	rh)	pe	
	t b	Sec	ent	spir	Ped	ust	
	nus	lea	cid	ho	100	E I	
	10	S re	ו מכ	o tr	lor	OAC.	
	fica	¥	A	A. c	pr	ppr	
	arti	Ap	Ξ:	0	sed	0 4	
	SCE	poq (	SW.	SD	003	itte	
	Thi	the	sho	3	de	3	

	1.	11 )		BALTIMORE CITY	HEALTH DEPA	RTMENT		65 2359	
	CASE NO.	65 2	359	CERTIFICA	TE OF D	EATH	Registered Na	00 2059	
1, NA	ME OF DEC	EASED	Je Je je			2. DATE A	ND HOUR OF DEATH	35	
	or Print)	AKER		HARRY ALBE			2-65	3;20P M.	
FL	JLL NAME O OSPITAL OR ISTITUTION	OF (If not in hospital oddress or locali	or institut	ion, give street	A. STATE  MARYL  C. CITY OR TO	AND	NTY 4	RURAL and give township)	
5		ST. AGNES	HOSE	PITAL	D. STREET ADI	ORESS (If	rurol, give location)	f	
					5004	EDMON	DSON AVE		
5. SE	X NLE	WHITE	7. MARI	RED, NEVER MARRIED (Specify)	8. DATE OF BIR	***	9. AGE (In years lost birthday) 70	If Under 1 Yr. If Under 24 His. Months Days Hours Min.	
		working life, even if retired)	SEL	O OF BUSINESS OR INDUSTRY	MARYLA		ign country)	12. CITIZEN OF WHAT COUNTRY?	
13. F	ATHER'S NA	ME			14. MOTHERS		ME		
	RRY A				MARGAR		NDLE		
Yes,	no of unknown	(If yes, give was or do	rces? les of servi	16. SOCIAL SECURITY NO. 246 20 5619	17. INFORMAN		SPITAL RE	ADDRESS	
	8. / 8. /	7.32.1		CAUSE O		HLS III	JOI I IAL IN	INTERVAL BETWEEN	
	100	SE OR CONDITION D LEADING TO DEATH		0,032	Charles		4	ONSET AND DEATH	
	heart failure,	nal mean the made a asthenia, etc. Il mean	f dying, s the dise		Carre	nomo	reelle	и	
		nplication which cause ANTECEDENT CAUSE		(B)		0700070 <b>0</b> 000000000000000000	an de de la companya		
	rise to the	OR CONDITIONS, if e abave cause (A) G CONDITION last.		ving					
E	TO THE D	IFICANT CONDITIONS FEATH BUT NOT REL CONDITION CALLING	ATED TO	JTING THE		٠,			
	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   WAS PERFORMED			20 A. AUTOP		No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
(	OR CONTRIBL	NT WAS UNDERLYING UTING CAUSE OF medical examiner		21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21C. W	HERE DID Y OCCUR?	(If in Boltimo	are City, give exact lacotion)	
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED								
	2. I cartifu	that (1) (this bossies	l) attend	ed the deceased fram	2-19	•	19 65 10	3-2- 19 65	
		last saw the deceas		2 0				ofnian death accurred an the date	
	and haur an	d fram the causes sta	sted abav	e. (1) (We) (did) (41/4 XX) v	few the bady o	fter death.			
2	3A. SIGNATU	armen -	Fra	Alo M.D. Atte	ending	Med.	Stoff 🔀	3/7/	
2	3C. PHYSICIA	(ype)	1700	Phy	23D. ADDRESS	Director L	Phys.	1/10	
		CARMEN F	RATTO	M.D.		ST	Cepnus	- HU+12.	
-	BURIAL CRE REMOVAL () Burial	MATION, 248. DATE Specify) 3/5/6		c. Name of CEMETERY of CRE New Cathedral			ltimore.	City, town, or county) (State)	
		BY HEALTH DEPT.	258 NA		25C, FUNER.	AL DIRECTO		ADDRESS	
VS 1	50-REV. 1/1/	65	- Indi			) [] (	)		



	BALTIMORE	CITY HEALTH DEPARTMENT	65 2360					
BIRTH NO. ,	2360 CERTIFI	CATE OF DEATH Registered						
M.E. CASE NO.  1, NAME OF DECEASED	2000	2. DATE AND HOUR OF D	EATH					
(Type or Print)	Datter To CR	March	1911 900					
3. PLACE OF DEATH IN BALTIMORE	MARYLAND	4. USUAL RESIDENCE (Where deceased live	d. If institution; residence before admission					
		A. STATE B. COUNTY	19 14					
	spitol as institution, give street	Maryland	1/20/					
HOSPITAL OR oddiess or le	oconon)	C. CITY OR TOWN Alf autside city limits,	wiite RURAL and give tawnship)					
1 7. 10	211 21	13217/mer-l						
p)anklin Jac	care Hospital	D. STREET ADDRESS (If rural, give location	on)					
0	4	305 S. Manro	e st					
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specif	B. DATE OF BIRTH   9. AGE (In year	s If Under 1 Yr. If Under 24 Hr Months! Doys Hours! Min.					
MIN	W. Jane	2017/99 65	-					
	of work 108, KIND OF BUSINESS OR INDL	JSTRY 1 . B. HY ALE (Vate   foreign country)	12. CITIZEN OF					
done during most of working life, even if re	tired) 7 6 7 70	21.	WHAT COUNTRY?					
savine Mole	N/al sorefile	ure Mary land						
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME						
Michael +	121110	Ha 21212 1						
15. Was Deceased Ever in U. S. Arme		17. INFORMANT	ADDRESS					
(Yes, na arunknown) (If yes, give war o	or dotes of service) SECURITY NO.	049-1 1 1 1 1	305 S. Mentet					
	2/7-05-3	8/12/12abeth Hack	57.					
18. 24/XI	CAU	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION		2						
LEADING TO DE	(A)	myocardia 12721811	022					
(This does not mean the made heart failure, asthenia, etc. It n	de al dying, e.g., DUE TO							
injury at camplication which co		[ + + + + 7						
ANTECEDENT CA	USES (B)	confective (Lea) ( f)	21/41/					
DISEASES OR CONDITIONS,								
rise to the above cause	(A) stating the (C)	Bronchial Asthma						
UNDERLYING CONDITION In:	śl.							
- II								
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT	NS CONTRIBUTING							
DISEASE OR CONDITION CAUS	SING IT.							
	CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?					
ER 7	1 1/20							
OR CONTRIBUTING CAUSE O	P 21 B. PLACE OF INJURY (	e.g., in ar about 21 C. WHERE DID (If in 8. et, office bldg., INJURY OCCUR?	oltimare City, give exact location)					
Z DEATH (notify medical examine)	etc.)							
21D. TIME (Manth) (Doy)	(Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
OF INJURY (APPROX.)		While At Not While						
		Work	V					
22. I certify that (I) (this hos	spital) attended the deceased fram	ten 25 1965 ta	19.65					
that (I) (we) last saw the dec	ceased alive an Toyl 122	sh / 19 65 and that in (my) (au	r) apinian death accurred an the da					
	s stated above. (1) (We) (dld) (did r							
23A. SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	ar, view the bad, after addition	23 B. DATE/SIGNED					
1/ F	7. 1. 7. 0 M.D.	Attending Med. Stoff	3/1/45					
lego re	MC LO	Phys. Director Phys.	2/1/00					
23C.PHYSICIAN'S NAME (Type)		23 D. ADDRESS						
Lety c R	au Lee	M.D. firantilin Sque	The Hosp.					
24A. BURIAL CREMATION, 24B. DA	1/2 / 24C. NAME of CEMETERY		(City, town, oi county) (State)					
DREMOVAL (Specify) 3	6/6 Land-	of the 12 no	mil					
Jurial 1		n A Balto	ACCOUNTS (IV)					
25A. DATE REC'D BY HEALTH DEPT.		25C. FUNERAL DIRECTOR	ADDRESS COL					
CI + MAIN	65 Of Cub & Tarken	- Wable /M. 416	Camondson					
VS 150-REV. 1/1/65								



## contributing cause death or direct IMPORTANT or his Also, the chief medical examiner FUNERAL DIRECTOR: examiner. medical 8 by to the hospital approved

death

hospital of

ō .=

occurred

(4) Undetermined cause; (5) Deceased

LO

ance

attend

regular

2

eath LO

ŏ any

pronounce

who

physician

the

kind;

of

fracture

ල

Body

2 where

nature;

any

of

accident

An

shows: SD

released

the body was

certificate must

death.

prior

eceased

ŏ Mas the

attendance

regular

Was burns;

physician

å

9

and

death) hospital

0

prior

eceased

0

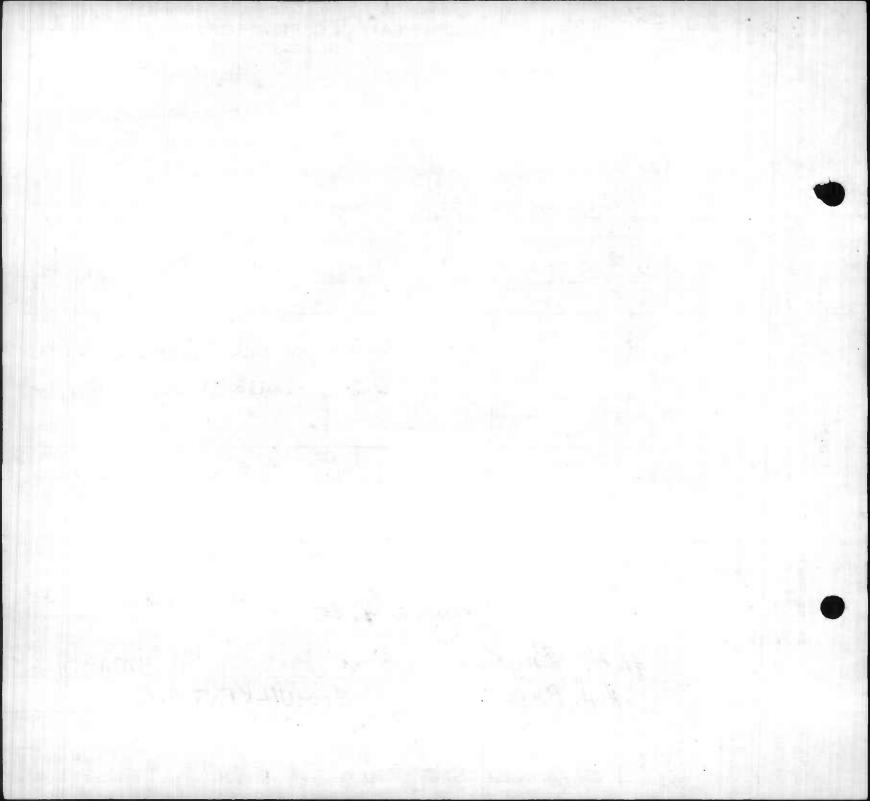
at a

D.O.A.

3 ਰ

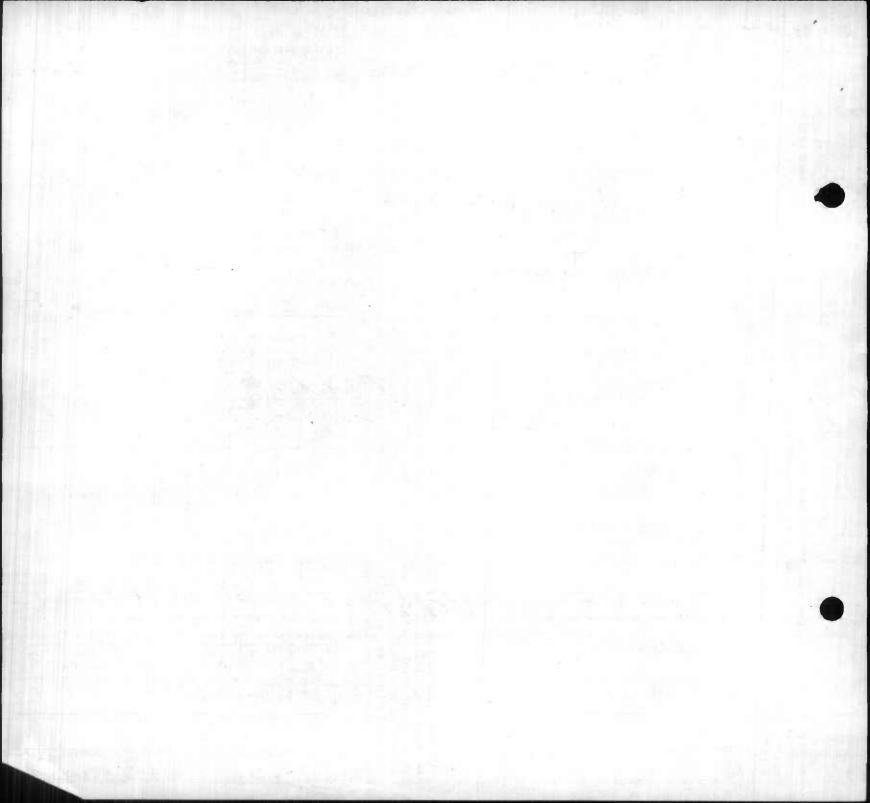
(except

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO I NAME OF DECEASED DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN RALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived If institution; residence before admission) COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give INSTITUTION (If rural, give location) D. STREET ADDRESS is made. 7. MARRIED, NEVER MARRIED 9. AGE (In years 5 SEX 6. RACE 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months Doys Hours tost birthday 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY? final disposition 13. FATHERS NAME 4. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 16. SOCIAL (Yes, no ar unknown) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES Gre DISEASES OR CONDITIONS, il any, to the above cause (A) stating the the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) etc. obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY White At Not While (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from pe that (1) (we) last sow the deceased alive on ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. ((1) (We) ((did) (did nat) view the body after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Stoff M.D. Med. Director written approval 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type M.D. 24A, BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



Such (

65-68446	BALTIMORE CITY H	EALTH DEPARTMENT		OF
BIRTH NO. DO COUC	CERTIFICAT	E OF DEATH	Registered No	65 2362
M.E. CASE NO.  1. NAME OF DECEASED		DATE AN	D HOUR OF DEATH	
(Typa or Print)	Ra	2. DATE AN	D HOOK OF DEATH	0.05
	Brown.	LISUAL BESIDENCE (Who	28165	stitutian: residanco beforo odmissia
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		STATE B. COUN	TY	stitution: restaunco beloro odmissia
FULL NAME OF (II not in hospital or institutio	n, giva straet	Marcell	and	2003
HOSPITAL OR address or location)				(URAL and give township)
1 Bon Secours Ho	spital		more	
		STREET ADDRESS (If	rurol, give location)	01
		1920	WILTEIN	15%
5. SEX 6. RACE 7. MARRI	D, NEVER MARRIED 8.		9. AGE (In years lost birthday)	Manths Doys, Haury Min.
M W w	EUSO MARRIED	2127/65		1 day 25 mins:
IOA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY 11	. BIRTHPLACE (State or forei	gn cauntry)	12. CITIZEN OF
dane during mast af warking fife, even if retired)		Mamilan	d	WHAT COUNTRY?
		Marylan		U.S.
3. FATHERS NAME	114	. MOTHER'S MAIDEN NA		111
Le Roy Bayer		Patricia	Brain E	to MES
5. Was Deceased Ever 1 U. S. Armed Forcas? Yes, no ar unknown) (If yet, give war ar dates of saivice	1 6. SOCIAL 17	INFORMANT	,	ADDRESS
Yes, no or unknown) (If yèd, giva wor ar dotes af saivice	SECURITY NO.	to make		11) - 1 - 1 - 0
		Lerry Dry	MUTL 1921	onellen -
18. 7 9 9	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		1	15	ONSEL AND DEATH
LEADING TO DEATH	Jan	lowesperator	y Turnfree	in
(This does not mean the made of dying, e.	g., ØUE TO		l	
heart failure, asthenia, etc. If means the disea		- / :	1	
injury ar camplication which caused death.)		umatuno	4	
ANTECEDENT CAUSES	(B)		·	
DISEASES OR CONDITIONS, if any, givi		Dan +	1 - 1	
rise to the above cause (A) stating t		yeu al o	1114-	
UNDERLYING CONDITION last.				
_   -   -   -   -   -   -   -   -   -				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING '			
TO THE DEATH BUT NOT RELATED TO	THE			
	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	INDINGS CONSIDERED
198. CONDITION FO WAS PERFORMED		-	IN CERTIFYING CAL	USES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	PIB. PLACE OF INJURY (e.g., in c		(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF	ome, form, foctory, street, affic			
0				
₩ OF INJURY	IE INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	While AI Not While [	7/		/ / -
		19 7	6.5 2	120/65
22. I certify that (1) (this hospital) attended	the deceased from	f	1965 10 2/	19
that (1) (we) last saw the deceased alive a	2/28/65/	19	at in (my) (aur) api	nion death accurred an the de
and have and from the causes stated obave				
	(i) (iia) (ala lala voi) vie	w the body offer deoth.	vi .	loop pass flower
23A. SIGNATURE			The V	238, DATE SIGNED
Co acce	M.D. Atlend	Med. Director	Stoff Phys.	2/28/61
23C.PHYSICIAN'S	[23]	D. ADDRESS	7	
NAME (Typa) /onso 600	rez MD	Bon Necour	I Holista	2//
74,000			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CREM	ATORY 24D. H	CATION (CI	ly, town, ar county) (State)
The same sabsered to 1.	7	1 XX 1/2	-1-1-	n N
19 11/2/16	J B II amazi			
Divis 3/2/65	Louson	Jaco Milaton	ELADI !	A ASSESSED A
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	711 111	2/ S ADDRESS A
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM  MAR 4 1965 R. Dee, J.	E OF REGISTRAR  TE Falley M.M.	25C. TUNERAL DIRECTOR	T.W. 410	O   E ADDRESS OF



Such

death.

10

prior

deceased

the

no D

attendance

ar

regul

Mas

physician

°N

9

and

eath);

T

0

prior at

eceased

B

0

O.A.

of hospital

accident

(I) An

shows: 0 Was

the body was released

certificate must

isposition

final

OL

embalmed

Gre

the remains

before

be obtained

must

approval

written

VS 150-REV. 1/1/65

no

attendance

regular mad

and

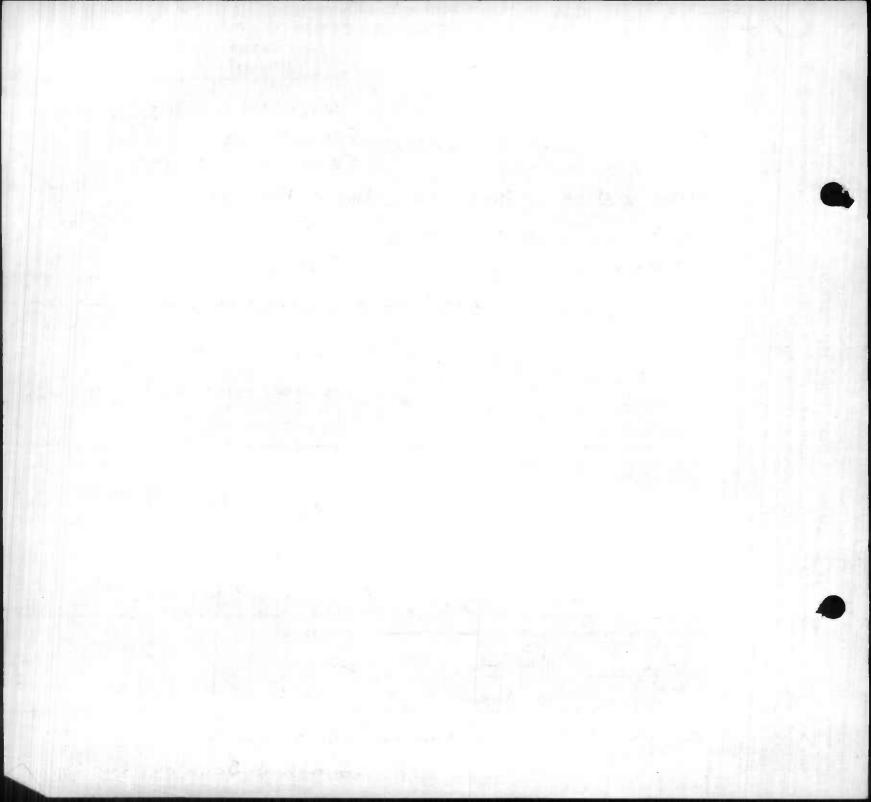
occurred

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. INAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ER 0 0 USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location C. CITY OR TOWN (If outside city limits, write RURAL and give township) unne D. STREET ADDRESS rutol, give)location) 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In veors If Under 1 Yr. Months: Days Il Under 24 Hrs. 5. SEX WIDOWED DIVORCED (specily) Hours narrie 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF (State or foreign country) WHAT COUNTRY? done during most of working life, even if retired Magne 13. FATHER'S NAME ADDRESS 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (II) yes, give war or dates of service) 6. SOCIAL SECURITY NO 212-03 INTERVAL BETWEEN ARTERIOSCUEPOTIC ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injuly al complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, MELLITUS, wild la the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner etc.l MEDIC/ 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While [ While At (APPROX.) Wash At Work 22. I certify that (1) (this hospital) attended the deceased from Most and that in (my) (aur) apinian death accurred an the date 19 2:00 that ( (we) last saw the deceased alive on and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A, SIGNATURE 23B. DATE SIGNED Attending Phys. Med Stolf M.D. Phys. Director \_ 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type BOK M.D. UTHERAN MOSDITAL OF 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24A, BURIAL CREMATION. REMOVAL (Specify) 250 FUNERAL DIRICTO 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR

to mit attain Halling and Buta Herri on waste thing the list of formers The property with the second s

)	1	, /	1	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced again was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such/	)
	se of c	(5) Dec	death.	
	l in a l	cause;	ior to	1
	ccurre	mined	sgular ised pr	. made.
	death o	Undeter	decec	sition is
INT	ant if	1d; (4)	on the	dispo
FUNERAL DIRECTOR: IMPORTANT	is assist	any kir	ndance	or fine
R: IM	er or hi	ture of	ar atte	ballmed
ECTO	xamine	A frac	regul	are em
IL DIR	edical e	urns; (3	ysician was in	maine
INERA	chief m	Body b	rne pn ysician	a the re
FU	by the	re; (2)	No ph	d hefor
	be hos	ny natu	and (6)	phtaine
	t be app	int of a	eath);	net ha
	te mus	accide	or to d	m lovo
	ertifica	: (1) Ar	was D.C.A. at a hospital (except where the physician who pronounced aeath was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such/	written grantoval must be obtained before the remains are embalmed or final disposition is made.
	This c	shows	deced	Writte

-		0004		BALTIMORE CITY	HEALTH DEPARTMENT		0000
	1	TH NO. 65 2364		CERTIFICA	TE OF DEATH	Registered Na.	65 2364
	1. N	IAME OF DECEASED  pe or Printl  Me 44		Perlmer		vih2 1965	16:20 A M.
	3. P	PLACE OF DEATH IN BALTIMORE, MARYLANI	)		4. USUAL RESIDENCE (When	e deceased lived. If instit	tution: residence before admission)
	1	FULL NAME OF (If not in hospital or instit HOSPITAL OR oddress or location) NSTITUTION	ution,	give street	C. CITY OR TOWN III out	side city limits, write RUI	RAL and give township)
	5	SINAI		1	BALTIMO D. STREET ADDRESS (III	urol, give location)	
7				HOSPITAL	5521 B	elle A	ive
	5. S	MALE WHITE 7. MA	OWE	D, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		USUAL OCCUPATION (Give kind of work 10 B. KI	ND O	F BUSINESS OR INDUSTRY	11, BIRTHPLACE (Stote or lorein	gn country)	12. CITIZEN OF WHAT COUNTRY?
	5		La	LAP BAGS	LITH.		ysa
	13.	FATHERS NAME			14. MOTHERS MAIDEN NAM	ΛE	
2		TANKOL			TIBEL		
3	15. V (Yes	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of se	rvice)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		No		218-18-4202	BesSIE PerL	MAN 552	1 Belle Ave
5		DISEASE OR CONDITION DIRECTLY		CAUSE O	F DEATH .		INTERVAL BETWEEN
3		LEADING TO DEATH		(A) At C	inte myocar	diol inter	Ton 5 moutes
5		(This does not mean the made of dying, heart failure, asthenia, etc. it means the di	sease,	DUE TO		<ul> <li>ウリスカ ウシュ カ マ ウ ウボ wax wax as ウ as a sever なかな なまりゅ ボ a a がなる</li> </ul>	Ser 5 minutes
		injuly of complication which coused death.  ANTECEDENT CAUSES		(B) Hype	rtersive cardior	oscalar disa	of yranc
D		DISEASES OR CONDITIONS, if any,	aivina	DUE TO			T
3		unse to the above couse (A) stating					
		II				-	
	ATION	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O TH	IG HE			
	CERTIFICA			WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FIN IN CERTIFYING CAUSE	IDINGS CONSIDERED ES OF DEATH?
10100	AL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 E hon etc.	ne, form, factory, street, of	or about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore C	City, give exact location)
3	MEDIC	21D. TIME (Month) (Doy) (Year) (Hou	) 21 E	INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
	Z	(APPROX)	Wi	hile At Not While At Work			
5		22. I certify that (I) (this hospital) atter	ided 1	the deceased fram		96210 14	94063 1965,
		that (1) (we) last saw the deceased aliv	e an.	March	2 19 61 and the	at in(my) ( <del>our) o</del> pinio	an death accurred an the date
		and haur and from the causes stated abo	ve. (	1) (We) (did) (did not) v	iew the bady after death.		
2		23A. SIGNATURE	1.				3B, DATE SIGNED
5		Skynny 17. Val	12	Phy	s. Director	Stoff Phys.	Murch 2, 465
200		23C. PHYSICIAN'S NAME (Type) Seymour H.	Ru	bin M.D.	5415 Pav.	K High	- Dur
2	24A	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. N	AME of CEMETERY of CRE	MATORY 24D. LC	CATION (City,	town, or county) (State)
5		Burna 3-3-65		Shaarei	- Theloh E	Balto	por
	25A	A. DATE REC'D BY HEALTH DEPT. 258. N	AME	OF REGISTRAR	25C. FUNERAL DIRECTOR	8.	ADDRESS ama
	VS	150-REV. 1/1/65	res	C. Carpental	Jedhow &	. Africa son	3319 Olympu



			BALTIMORE CIT	TY HEALTH DEPARTMEN	AT.		MARCE
84 -	тн но. 65 2365		CERTIFICA	ATE OF DEAT	H Kegistered N	. 65	2365
	E CASE NO. NAME OF DECEASED	Cheen		2. DA	TE AND HOUR OF DEA	TH	
(Тур	pe or Print) JANET	W	HITMOR		arch 2, 1965		
3. F	PLACE OF DEATH IN BALTIMORE, MARY		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. USUAL RESIDENCE	(Where deceased lived. I	f institution: resid	ence before admissi
					COUNTY	n. T	
	FULL NAME OF (If not in hospital or oddress or lacation)	institution, giv	e street	Marylan	d (If outside city limits, wri	10 rellin	meny
- 11	INSTITUTION					TE KUKAL and gi	ve township)
9	House In The Pin	nes		D. STREET ADDRESS	ring, Md.	40	40.0
	Belvedere			218 Shaw			
. «		AAADDIED N	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. If Under 24
	, , , , , , , , , , , , , , , , , , ,		DIVORCED (specify)		lost birthdayl	Manths Da	ys Haurs Min
	emale White		lowed	Sept. 23, 1891			
	A. USUAL OCCUPATION (Give kind of work) 10 ne during most of working life, even if retired)	OR KIND OF B	DZINEZZ OK INDUSTI	RY 11. BIRTHPLACE (Stote	ir toreign country)	12. CITIZEN WHAT	COUNTRY?
	Owner Of Nursery S	School		Roanoke,	Virginia	U.S.	A.
3.	FATHER'S NAME			14. MOTHER'S MAIDEN			
	W. C. Sheen				Bowman		
5-	Was Deceased Ever in U. S. Armed Force:	15?	6. SOCIAL	17. INFORMANT	20.711011	ΔΓ	DRESS
Yes	es, no or unknown) (If yes, give wor or dotes	of service)	SECURITY NO.		218 SI	naw Aver	ue
	No	2	18-32-0704	Robert S. W	hitman Silver		
	18.332XI		CAUSE	OF DEATH		INT	ERVAL BETWEEN
	DISEASE OR CONDITION DIREC	CTLY	N	20 200 1140	T.		7
	LEADING TO DEATH		(A) CE	REBRO-VASCU	ILAK IHROM	80515 6	1445
	(This does not mean the made of d						
	the state of the s				0000	10	
	***************************************						
	ANTECEDENT CAUSES		(B) I	TERIOSCLE	10515	15	YEARS
	DISEASES OR CONDITIONS, if an		DUE TO	7 ER 10 SCLE	K0515	13	YEARS
	DISEASES OR CONDITIONS, if an ise to the above cause (A) s		DUE TO	TERIOSCLE	N0515	/ 5	YEARS
	DISEASES OR CONDITIONS, if an		DUE TO				YEARS
z	DISEASES OR CONDITIONS, if an ise to the above cause (A) s UNDERLYING CONDITION last.	slating the	(C)	ARTERIOSCLE		//2	YEARS
TION	DISEASES OR CONDITIONS, if an ise to the above cause (A) s UNDERLYING CONDITION lost.	ONTRIBUTING	DUE TO			- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15	TO VAC
CATION	DISEASES OR CONDITIONS, if an ise to the obove cause (A) s UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	ONTRIBUTING	RHEUMA	HRTERIOSCIEN TICA HEI	ART DISE	ASE 5	O YRS,
TFIC	DISEASES OR CONDITIONS, if an ise to the above cause (A) s UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMANCE.	ONTRIBUTING ED TO THE	DUE TO		PRT DISE	ASE 5	C YRS
TFIC	DISEASES OR CONDITIONS, if an ise in the above cause (A) s UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITIONS PERFO	ONTRIBUTING ED TO THE ITION FOR WH	CO (C)  AND  RHEUMA	HRTERIOSCLEA TIC HEA	PRT DISE	ASE 5 RE FINDINGS CO CAUSES OF DEA	C YRS
CERTIFIC	DISEASES OR CONDITIONS, if an ise to the above cause (A) sunderlying condition last.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFOUND WAS PERFORMED TO THE CONTRIBUTING CAUSE OF	ONTRIBUTING ED TO THE	DUE TO  (C)  AND  RHEUMA  IICH OPERATION  LACE OF INJURY (e.g.	HRTERIOSCIEN TICA HEI	OF NO 208. IF YES, WEIN CERTIFYING	ASE 5	C YRS
CAL CERTIFIC	DISEASES OR CONDITIONS, if an ise to the above cause (A) sunderlying condition last.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFOUND WAS PERFOUND CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ONTRIBUTING ED TO THE	ALCE OF INJURY (e.g. form, foctory, street,	TIC HEN 20A. AUTOPSY? (Yes vin ar about 21C. WHERE E office bldg., INJURY OCCI	OT No. 208. IF YES, WEIN CERTIFYING	ASE 5 RE FINDINGS CO CAUSES OF DEA	C YRS
CAL CERTIFIC	DISEASES OR CONDITIONS, if an ise to the above cause (A) sunderlying condition last.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFOUND WAS PERFOUND CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ONTRIBUTING ED TO THE ITION FOR WHORMED  21B. PI hame, etc.)	DUE TO  (C)  AND  HEUMH  IICH OPERATION  ACE OF INJURY (e.g. form, foctory, street, number of the control of th	TIC HEN 20A. AUTOPSY? (Yes in at about 21C. WHERE E office bldg., INJURY OCCU	OF NO 208. IF YES, WEIN CERTIFYING	ASE 5 RE FINDINGS CO CAUSES OF DEA	C YRS
AL CERTIFIC	DISEASES OR CONDITIONS, if an ise to the above cause (A) sunderlying condition last.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFOUND WAS PERFOUND CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ONTRIBUTING ED TO THE ITION FOR WHO PAMED  (Hour) 21E, III While	CC)  RHEUMA  IICH OPERATION  LACE OF INJURY (e.g. form, foctory, street, or the control of the c	20A. AUTOPSY? (Ves office bldg., INJURY OCCI	OT No. 208. IF YES, WEIN CERTIFYING	ASE 5 RE FINDINGS CO CAUSES OF DEA	O YRS
CAL CERTIFIC	DISEASES OR CONDITIONS, if an ise to the above cause (A) sunderlying Condition last.  I OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDIWAS PERFORMAN CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ONTRIBUTING ED TO THE ITION FOR WED 21B. Pl hame, etc.)  (Haur) 21E. II While Work	AT Not WAT WO	20A. AUTOPSY? (Yes office bldg., INJURY OCCI	OF TICE  OF NO. 208. IF YES, WE IN CERTIFYING IN CERTIFYING IN 18 18 18 18 18 18 18 18 18 18 18 18 18	RE FINDINGS CO CAUSES OF DEA more City, give es	C YRS  NSIDERED  TH?  xact location)
CAL CERTIFIC	DISEASES OR CONDITIONS, if an ise to the above cause (A) s UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (notify medical examiner)  21D. TIME IManth) (Day) (Year) OF INJURY (APPROX.)	ONTRIBUTING ED TO THE ITION FOR WHORMED  (Haur) 21E, II White Work	CC)  AND  RHEUMA  IICH OPERATION  LACE OF INJURY (e.g. form, foctory, street, or more street)  NJURY OCCURRED  At At Wo deceased from	PRTERIOSCLER  TICHER  20A. AUTOPSY? (Yes  win ar about 21C. WHERE D  office bldg., INJURY OCCI  21F. HOW DI  hile	OF TICE  OF NO. 208. IF YES, WE IN CERTIFYING IN CERTIFYING IN 18 18 18 18 18 18 18 18 18 18 18 18 18	ASE 5 RE FINDINGS CO CAUSES OF DEA more City, give es	C YRS  NSIDERED  TH?  Ract location)
CAL CERTIFIC	DISEASES OR CONDITIONS, if an ise to the above cause (A) sunderlying Condition last.  I OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDIWAS PERFORMAN CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ONTRIBUTING ED TO THE ITION FOR WHORMED  (Haur) 21E, II White Work	CC)  AND  RHEUMA  IICH OPERATION  LACE OF INJURY (e.g. form, foctory, street, or white the control of the contr	PRTERIOSCLER  TICHER  20A. AUTOPSY? (Yes  win ar about 21C. WHERE D  office bldg., INJURY OCCI  21F. HOW DI  hile	OF TICE  OF NO. 208. IF YES, WE IN CERTIFYING IN CERTIFYING IN 18 18 18 18 18 18 18 18 18 18 18 18 18	ASE 5 RE FINDINGS CO CAUSES OF DEA more City, give es	NSIDERED THY?
CAL CERTIFIC	DISEASES OR CONDITIONS, if an ise to the above cause (A) s UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (notify medical examiner)  21D. TIME IManth) (Day) (Year) OF INJURY (APPROX.)	ONTRIBUTING ED TO THE ITION FOR WHORMED  (Haun)  (Haun)  (Haun)  (Haun)  attended the alive an	DUE TO  (C)  AND  RHEUMH  IICH OPERATION  LACE OF INJURY (e.g. form, foctory, street, value)  NJURY OCCURRED  A1 Not W. A1 Wo  deceased from	PRTERIOSCLEA  TIC HEP  20A. AUTOPSY? (Yes  win ar about 21C. WHERE D  office bldg., INJURY OCCI  21F. HOW DI  hile  FALL  1965	OF TICE  OF NO. 208. IF YES, WE IN CERTIFYING OF THE PROPERTY	ASE 5 RE FINDINGS CO CAUSES OF DEA more City, give es	C YRS  NSIDERED  TH?  Ract location)
CAL CERTIFIC	DISEASES OR CONDITIONS, if an ise to the above cause (A) s UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (notify medical examiner)  21D. TIME IManth) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) of that (I) (we) last saw the deceased	ONTRIBUTING ED TO THE ITION FOR WHORMED  (Haun)  (Haun)  (Haun)  (Haun)  attended the alive an	DUE TO  (C)  AND  RHEUMH  IICH OPERATION  LACE OF INJURY (e.g. form, foctory, street, value)  NJURY OCCURRED  A1 Not W. A1 Wo  deceased from	PRTERIOSCLEA  TIC HEP  20A. AUTOPSY? (Yes  win ar about 21C. WHERE D  office bldg., INJURY OCCI  21F. HOW DI  hile  FALL  1965	OF TICE  OF NO. 208. IF YES, WE IN CERTIFYING OF THE PROPERTY	ASE 5 RE FINDINGS CO CAUSES OF DEA more City, give es	NSIDERED  NITH?  CAT 219 6  accurred on the
CAL CERTIFIC	DISEASES OR CONDITIONS, if an ise to the above cause (A) s UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME IManth) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) of that (I) (we) last saw the deceased and haur and fram the causes stated	ONTRIBUTING ED TO THE ITION FOR WHORMED  (Haun)  (Haun)  (Haun)  (Haun)  attended the alive an	DUE TO  (C)  AND  RHEUMH  IICH OPERATION  LACE OF INJURY (e.g., form, foctory, street, form)  NJURY OCCURRED  A1 Not Windows  A2 Not Windows  A4 Wo  deceased from	20A. AUTOPSY? (Yes office bldg., INJURY OCCI.)  21F. HOW DI hile 1965 a view the bady after decided.	or No. 208. IF YES, WE IN CERTIFYING IN JR?  DINJURY OCCUR?  1954 to mind that in (my) (aur) coath.	RE FINDINGS CO CAUSES OF DEA more City, give es	NSIDERED THY?
CAL CERTIFIC	DISEASES OR CONDITIONS, if an ise to the above cause (A) s UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Doy) (Year)  OF INJURY (APPROX.)  22. I certify that (I) (this haspital) that (I) (we) last saw the deceased and haur and from the causes stated and haur and from the causes stated 23A. SIGNATURE	ONTRIBUTING ED TO THE ITION FOR WHORMED  (Haun)  (Haun)  (Haun)  (Haun)  attended the alive an	DUE TO  (C)  AND  RHEUMH  IICH OPERATION  LACE OF INJURY (e.g., form, foctory, street, form)  NJURY OCCURRED  A1 Not Windows  A2 Not Windows  A4 Wo  deceased from	in ar about 21C. WHERE E office bldg., INJURY OCCI.  21F. HOW DI hile	OF TICE  OF NO 208. IF YES, WE IN CERTIFYING IN CERTIFYING IN Bolton  OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OT	RE FINDINGS CO CAUSES OF DEA more City, give es	NSIDERED TH?
CAL CERTIFIC	DISEASES OR CONDITIONS, if an ise to the above cause (A) sunderlying CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDIWAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Notify medical examiner)  21D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) of that (I) (we) last saw the deceased and haur and from the causes stated and haur and from the cause stated and haur and fr	ONTRIBUTING ED TO THE ITION FOR WHORMED  (Haun)  (Haun)  (Haun)  (Haun)  attended the alive an	DUE TO  (C)  AND  RHEUMH  IICH OPERATION  LACE OF INJURY (e.g., form, foctory, street, form)  NJURY OCCURRED  A1 Not Windows  A2 Not Windows  A4 Wo  deceased from	20A. AUTOPSY? (Yes office bldg., INJURY OCCI.)  21F. HOW DI hile 1965 a view the bady after decided.	or No. 208. IF YES, WE IN CERTIFYING IN JR?  DINJURY OCCUR?  1954 to mind that in (my) (aur) coath.	RE FINDINGS CO CAUSES OF DEA more City, give es	NSIDERED THY?
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if an ise to the above cause (A) s UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME OF IManth (Doy) (Year) (APPROX.)  22. I certify that (I) (this haspital) that (I) (we) last saw the deceased and haur and from the causes stated and haur and from the causes of the cause of the causes of t	ONTRIBUTING ED TO THE ITION FOR WHORMED  (Haun)  (Haun)  (Haun)  (Haun)  attended the alive an	DUE TO  (C)  RHEUMH  IICH OPERATION  LACE OF INJURY (e.g. form, foctory, street, form, foctory, form, foctory, street, form, foctory, foc	in ar about 21C. WHERE Coffice bldg., INJURY OCCU	or No. 208. IF YES, WE IN CERTIFYING IN JR?  DINJURY OCCUR?  1954 to mind that in (my) (aur) coath.	PASE 5  RE FINDINGS CO CAUSES OF DEA  MARI Depinion death of  23B. DATE S  3/2  475	CYRS  NSIDERED  THY  CACT location)  CH 219 6  ACCURRED on the original of the
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if an ise to the above cause (A) s UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Manth) (Doy) (Year)  OF INJURY (APPROX.)  22. I certify that (I) (this haspital) that (I) (we) last saw the deceased and haur and from the causes stated and haur and from the causes stated 23A. SIGNATURE	ONTRIBUTING ED TO THE ITION FOR WHORMED  (Haun)  (Haun)  (Haun)  (Haun)  attended the alive an	DUE TO  (C)  AND  RHEUMH  IICH OPERATION  LACE OF INJURY (e.g., form, foctory, street, form)  NJURY OCCURRED  A1 Not Windows  A2 Not Windows  A4 Wo  deceased from	in ar about 21C. WHERE Coffice bldg., INJURY OCCU	or No. 208. IF YES, WE IN CERTIFYING IN JR?  DINJURY OCCUR?  1954 to mind that in (my) (aur) coath.	RE FINDINGS CO CAUSES OF DEA more City, give es	CYRS  NSIDERED  THY  CACT location)  CH 219 6  ACCURRED on the concentration of the concentra
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if an ise to the above cause (A) sunderlying CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Notify medical examiner)  21D. TIME (Notify medical examiner)  22D. Time (Notify that (I) (this haspital) of that (I) (we) last saw the deceased and haur and fram the causes stated and haur and	ONTRIBUTING ED TO THE  ITION FOR WHORMED  (Haur)  (Haur)  21B. Pl hame, etc.)  (White Work  attended the alive an	DUE TO  (C)  HAD  RHEUMH  HICH OPERATION  LACE OF INJURY (e.g. form, foctory, street, form, foctory, form, foctory, street, form, foctory, fo	in ar about 21C. WHERE coffice bldg., INJURY OCCU.  21F. HOW DI  hile	OF TICE  OF NOT 208. IF YES, WE IN CERTIFYING IN CERTIFYING IN BOILING.  DINJURY OCCUR?  1954 to ond that in (my) (aur) of the phys.   PERTY HGH.  Baltimore. N	PASE 5  RE FINDINGS CO CAUSES OF DEA  nore City, give ex  23B. DATE is  3/2  475 (City, town, or co	CYRS  NSIDERED  THY  CACT location)  CH 219 6  ACCURRED on the concentration of the concentra
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if an ise in the above cause (A) s UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION CAUSING IT.  19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.)  22. I certify that (I) (this haspital) of that (I) (we) last saw the deceased and haur and fram the causes stated and haur and fram the causes and fram the cause	ONTRIBUTING ED TO THE  ITION FOR WHORMED  (Haur)  (Haur)  21B. Pl hame, etc.)  (White Work  attended the alive an	DUE TO  (C)  HAD  RHEUMH  HICH OPERATION  LACE OF INJURY (e.g. form, foctory, street, form, foctory, form, foctory, street, form, foctory, form, foctory, street, form, foctory, foctory, foctory, form, focto	in ar about 21C. WHERE coffice bldg., INJURY OCCU.  21F. HOW DI  hile	OF TICE  OF NOT 208. IF YES, WE IN CERTIFYING IN CERTIFYING IN BOILING.  DINJURY OCCUR?  1954 to ond that in (my) (aur) of the phys.   PERTY HGH.  Baltimore. N	PASE 5  RE FINDINGS CO CAUSES OF DEA  nore City, give ex  23B. DATE is  3/2  475 (City, town, or co	CYRS  NSIDERED  TH?  Cact location)  CH 219 6  CCCUrred on the company  ALTO
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if an ise in the above cause (A) s UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION CAUSING IT.  19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.)  22. I certify that (I) (this haspital) of that (I) (we) last saw the deceased and haur and fram the causes stated and haur and fram the causes and fram the cause	ONTRIBUTING ED TO THE  ITION FOR WHORMED  (Haur)  (Haur)  218. Pl hame, etc.)  (White Work  attended the alive an	DUE TO  (C)  HAD  RHEUMH  HICH OPERATION  LACE OF INJURY (e.g. form, foctory, street, form, foctory, form, foctory, street, form, foctory, form, foctory, street, form, foctory, foctory, foctory, form, focto	20A. AUTOPSY? (Yes  20A. AUTOPSY? (Yes  win ar about 21C. WHERE Defice bidg., INJURY OCCI  21F. HOW DI  hile Med.  Wiew the bady after de  cittending Med. Director  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  24 16	or No) 208. IF YES, WE IN CERTIFYING IN CERTIFYING IN BOlling III Bolling III Bolling III III Bolling III III III III III III III III III I	ASE 5  RE FINDINGS CO CAUSES OF DEA  more City, give es  23B. DATE 5  (City, town, or co Maryland	CH 219 6 accurred an the  IGNED  ALTO  Dunty) / (Stote

1 1 V. , Fig. 75 Eng. the street are not di ten di 1 dell'i Rea del pure di

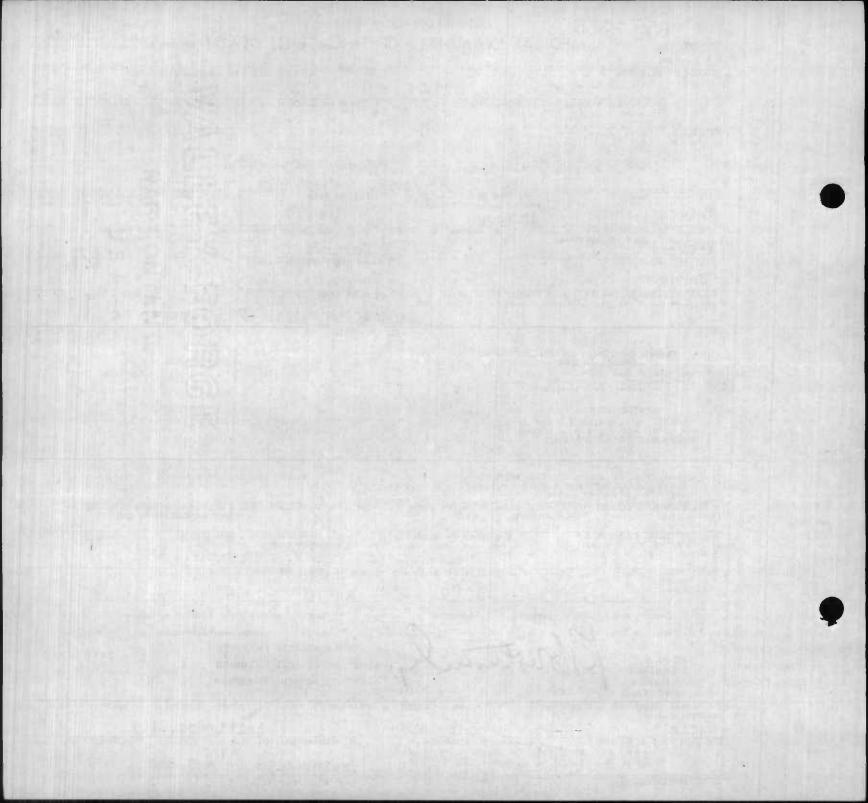
(30)	
2366	

BALTIMORE CITY HEALTH DEPARTMENT

-	6	3	4	)	1		100
)	6		ď	b	₹	1	6
			*	_	•	0	10

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.				
1. NAME OF DECEASED			ATE AND HOUR PRONOUNCED DEA	
ARCHIE	HANSLEY	Fe	bruary 24, 1965	12:30 A.
3. PLACE IN BALTIMORE, MARYLAND, WH	TERE PRONOUNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If institution: 8. COUNTY	residence before odmissian)
		Maryla	nd cosnii	
HOSPITAL OR ADDRESS OR LOCA	L OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	If autside corporate limits, write RURA	Land give tawnship)
INSTITUTION		Baltim	iore	dr-01
South Baltimore Gen	eral Hospital	D. STREET ADDRESS	(If rurol, give location)	
Boden Bartimore den	orar mosprear	708 S	Hanover Street	
5. SEX   6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   If Ur	nder 1 Yr. If Under 24 Hrs.
Male Negro	WIDOWED, DIVORCED (specify)			ths Days Haurs Min.
	Unknown		70	
10A. USUAL OCCUPATION (Give kind of work dene during most of working life, even if retired)	IOR KIND OF BUSINESS OR INDUSTR		or foreign country) W	ITIZEN OF HAT COUNTRY?
Retired		Unknown		The state of the s
13, FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Unknown		Unknown		
15. WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT	ADDI	RESS
(Yes, na arunknown) (If yes, give wor or dates	s of service) SECURITY NO.	Bertha Roy	val -725 Hanover	St
18.	CAUSI	E OF DEATH		INTERVAL BETWEEN
DUSTASS ON CONDITION DID	Part v			ONSET AND DEATH
DISEASE OR CONDITION DIR		ral Hemorrhag	re and Brain	A MINISTER
(This does not meon the mode of heart failure, asthenio, etc. It meons	dying e.g., parketyror	ntusions.	C. GIIG. PIGILI	
injury or complication which caused d	eath.)	il custons.		
ANTECENDENT CAUSES				
DISEASES OR CONDITIONS, IF AL	(8)			
RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.	ATING THE			
	(C)			
OTHER SIGNIFICANT CONDITIONS ( TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONI				
OTHER SIGNIFICANT CONDITIONS				
HO THE DEATH BUT NOT REL				
19A. DATE OF OPERATION 19B. CONT	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	or Na) 208, IF YES, WERE FINDING	
WAS PERF	ORMED	Yes	IN CERTIFYING CAUSES OF	Yes
V 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	218. PLACE OF INJURY (e.g., home, form, foctory, street,	in ar about 21C. WHERE	DID (If in Baltimore City, give exoc	ct locotion)
UNDERLYING OR CONTRIB-	Street		. Hanover Street	22-01
Z 21 D TIME (Manth) (Doy) (Year)			ND INJURY OCCUR?	
OF INJURY				4
(APPROX.) 2 21 65	A. m. WHILE AT AT W	WHILE X Appare	ently fell on street	τ.
22. I certify that I held on In	nquiry Inspection Au	topsy X and the	t on this bosis, deoth In my opin	nion
resulted from: Noteful çau	ses Accident X Spicio	de Homicide	Undetermined monner	
1/1	21.1.	CHIEF MEDIC	CAL EXAMINER	
ACTUAL /(///		ASSISTANT MEDIC		DATE SIGNED
SIGNATURE	4.0			2/24/65
EXAMINER'S Rudiger	Breitenecker, M.D'.	ASSOCIATE MEDIC	AL EXAMINER	
23A. BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY	or CREMATORY	23D. LOCATION (City, tuwn,	ar county) (State)
REMOVAL (Specify)	Control Light Annual Control			
Burial 3-2-6			Baltimore, Cit	
24A. DATE REC'D BY HEALTH DEPT.	24B. NAME OF REGISTRAR	24C. FUNERAL DI	RECTOR	ADDRESS
MAR 4 1965	Toball C. Tares	Tsaiah	L.Brown and Son	
VS 151-REV. 1/1/65		<del></del>		1,
AN WAY	0 3100	1050	Umonlymery.	11



)	,,		1
-	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	al a	ceds on t	J. Su
	ospit e of	5) De	Jeat
	a h	se; (enda	10
	ni be	d cau	prior
1	ribu	mine	pe
	th oc	eterr n re	90908
	dea	Und vas	De of
Z	dire	4; (4)	t uo
RTA	ssista	kind	nce i
MPO	his a	f any	regular attendance on the deceased
~	r or	ure o	r att
TOR	mine	fract o pr	gula
REC	exa	3) A	n 70
FUNERAL DIRECTOR: IMPORTANT	dical	rns; (	Vas
RAI	f me	y but	ian
UNE	chie	Bod the	and (6) No physici
IL.	y the	e; (2)	No D
	ed b	atur vot	9
	prov	(exce	and
	be al	ital	ath)
	lease	cider	o de
	ate n	מן מ	rior 1
	rtific dy w	E O	d pe
	is ce	ows:	5000
	‡ ţ	sh	de

- 05 0000	BALTIMORE CITY	HEALTH DEPARTMENT	CE 00014				
MRTH NO. 65 2367	CERTIFICA	TE OF DEATH X Registered No.	65 2367				
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH					
(Type of Print) ALMA M . CL	ANCY	2-28-65	505 A				
PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where deceased lived. If i	nstitution: residence before admission				
FULL NAME OF (If not in hospital or in	stitution, give street	Maryland	110				
HOSPITAL OR address or location) INSTITUTION	gree ender	C. CITY OR TOWN (If autside city limits, write	RURAL and give township)				
f		Arnold	52.90				
Union Memorial	Was PITAL	D. STREET ADDRESS (If rurol, give locotion)					
		Belvedere Beach					
	MARRIED, NEVER MARRIED MIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min.				
OA, USUAL OCCUPATION (Give kind of work 108,	MARYLE &		12. CITIZEN OF				
done during nost of working life, even if retired)	A -		WHAT COUNTRY?				
Telleth -	valvanis	Maryland	USA				
3. FATHERS NAME	PLAWIN	14. MOTHER'S MAIDEN NAME	1 -				
chas.	1 CHO (b)	mine Mall	les				
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
	216-12-7302	Chart - Union Me.	nonal lospina				
18. 44. 9 1	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECT	LY	1 1 1 1 1	ONSET AND DEATH				
LEADING TO DEATH (This does not mean the made of dyi	(A) /4/y	ocardia / infarct	24 hrs				
heart failure, asthenia, etc. It means the	disease,						
ANTECEDENT CAUSES	(B) Cori	mary thrombosis	24 les				
		/	a a a a a a a a a a a a a a a a a a a				
DISEASES OR CONDITIONS, if any, rise to the obove couse (A) sto	ling the (c) So	vere Arterioselevosis	· Kears				
UNDERLYING CONDITION last.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
2 TO THE DEATH BUT NOT RELATED	TO THE HUDI	tersion - History of	Van-e				
	ON FOR WHICH OPERATION	TRASION - HISTORY of	FINDINGS CONSIDERED				
WAS PERFORM	MED	Yes IN CERTIFYING CA					
U 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If in Boltimo	re City, give exact location)				
DEATH (notily medical examiner)	etc.)						
	out) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
OF INJURY (APPROX.)	While At Not While Work At Work	e					
22. I certify that (1) (this hospital) at		2-20 19 65 10	2-28 - 1965				
that (1) (we) last saw the deceased a							
			thron death accourse an the do				
23A. SIGNATURE	nd haur and from the causes stated abave. (1), (146) (did (146)) view the body after death.  1238, DATE SIGNED						
1	M.D. Atte	ending Med. Stoff Phys.					
23C. PHYSICIANS	bernan, Phy	s. Director Phys. 23D. ADDRESS	2-28-65				
23 C. PHYSICIAN'S NAME (Type)		AVV. AVVRESS					
LAWRENCE J. LIEB	ERMAN M.D.						
24A. BURIAL CREMATION 24B. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION	ity, lown, or county) (Stote)				
Mua 2/3/6	Imman		may .				
	NAME OF REGISTRAR	250 DUNEBAL DIRECTOR	N/7/LODRESS RA				
MAR 4 1965 AL	Lew Ct. Turbon	MARKEMANN G	10/1 kilford				
VS 150-REV. 1/1/65		1 6 0	U				

2368	
2 18 30	
1 4 14 67 3	
A-1-11 31. 7	

	65	2368	BA	LTIMORE CITY HEA	LTH DEPARTMENT		CE	9900
BIRT	H NO.	MED	CAL EXA	AMINER'S C	ERTIFICATE OF	DEATH Register	ed No.	2368
M.I	CASE NO.	Marie San						
1. I (Ty	AME OF DECE	ASED WI	LLIAM MA	EKER Mer	KER M	larch 1, 1965		P. M.
		ORE MARYLAND, W			A. STATE Maryland	deceased lived. If instit	tution: residence NTY	before admission)
HO	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	AL OR INSTITUTI	ON, GIVE STREET	C. CITY OR TOWN (If outside Baltimor	1	RURAL ond gi	ve township)
1		MERCY HOSE	TAL		D. STREET ADDRESS (If rurol	, give location)		
5. S	EX  6.	RACE	7. MARRIED, N	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr	r. If Under 24 Hrs.
	Male	White	SING.	VORCED(specify)	Sept. 1.1915	49 35	Manths Doys	Hours Min.
don		ATION (Give kind of war rking life, even if retired) RIVER	BLUE RI	che Fuel Co	11. BRTHPLACE (Stote or foreign)	gn country)	12. CITIZEN O	F OUNTRY?
	Willia	M MPA	KER	6. SO CIAL	CAROLIN	e Dunt	ADDRESS	LINCAN
Yes	, no or unknown) (I	yes, give wor or dote	s of service)	SECURITY NO.	Mrs. Lewis	Hood Rd.	L.	= Llica to L
7	1B.	1 1		CAUSI	OF DEATH	77000	11411	ERVAL BETWEEN
	DISEASE	OR CONDITION DI	DECTI V				ONS	SET AND DEATH
	L	EADING TO DEATH			ute ethylism			
	(This does not heart failure, a injury or camp	meon the made of sthenia, etc. It meons lication which coused	dying, e.g., the disease, death.)	DUE TO		**************************************		***************************************
7	DISEASES OF	TECENDENT CAUSE R CONDITIONS, IF A ABOVE CAUSE (A) S CONDITION LAST.	NY, GIVING	(B)DUE TO				
Ó		1		10/	***************************************			
CERTIFICATION	TO THE D	FICANT CONDITIONS EATH BUT NOT RE CONDITION CAUSING	LATED TO THE		tamorphosis of l	iver		
CERT	19A, DATE OF C	PERATION 198, CON WAS PER		HICH OPERATION	Yes	20B. IF YES, WERE FINING CAUS	DINGS CONSI	DERED
EDICA	21 A. EXTERNAL UNDERLYING ♥C UTING □ CAUSE	OR CONTRIB-	21B. PL home, etc.)	ACE OF INJURY (e.g., form, factory, street,	in or about 21C. WHERE DID affice bldg., INJURY OCCUR?	(If in Boltimore City, giv	e exact lacatio	n)
Σ	21D TIME ( OF INJURY (APPROX.)	Month) (Day) (Yea		INJURY OCCURRED	WHILE ORK	URY OCCUR?		
	22.	y that I held on I				is bosis, deoth in m	v opinion	
		d from: Notural co		cident Suicid		Undetermined monne		
		11	7	0	CHIEF MEDICAL EX			
	SIGNATU	pr Hhu ?	All	an ur	ASSISTANT MEDICAL E		D	ATE SIGNED
	EXAMINE NAME (Ty	R'S	he E AJ		ASSOCIATE MEDICAL E			3-2-65
22.6	DUDIAL CREAM		hn E. Ad.	ams, M.D.	COLL LICEN	0.0471031 (6:1:-		(=+=+2)



REMOVAL (Specify)

BURIAL

24A. DATE REC'D BY HEALTH DEPT.

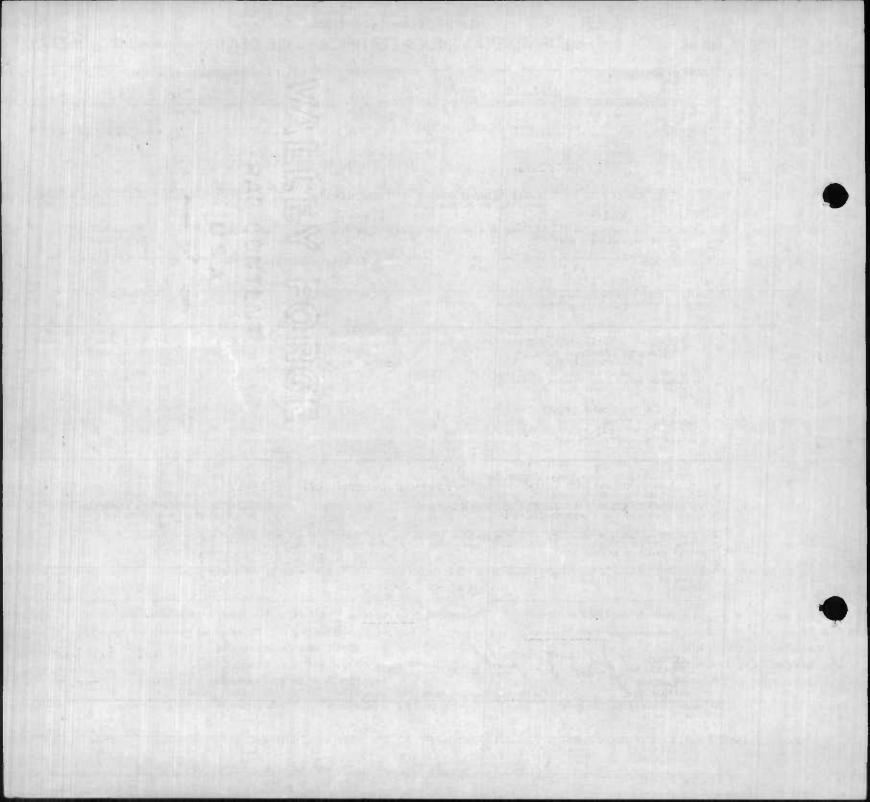
24B. NAME OF REGISTRAR

WAR 4 1965 Polosily E Fagley M.A. G. TREMAN SC A

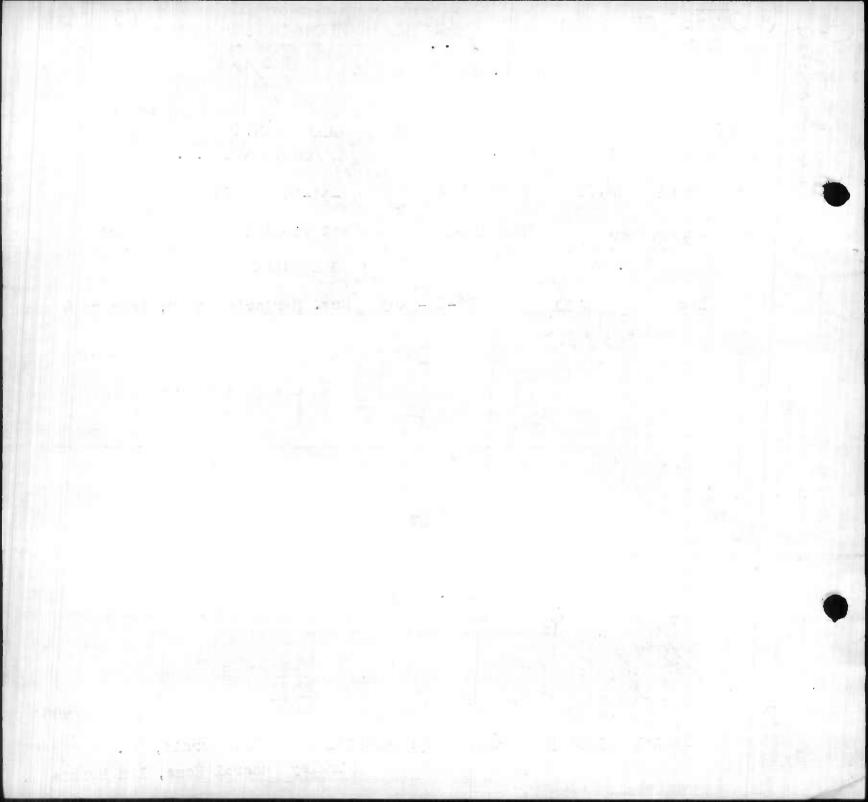
Md.

VS 151-REV. 1/1/65

GITREMAN SCHUAB 3512 FREJERICK AVE.



					BALTIMORE CITY	HEALTH DEPARTM	ENT		CE	Ottom
BIRT	H NO. 6	5 23	369		CERTIFICA	TE OF DEA	TH .	Registered No	00	2363
	CASE NO.				CLITTICA					
	AME OF DECI	EASED			A	2. D	ATE AND	HOUR OF DEATH		135
Тур	e or Print)	SY	LVESTER	P	COGAR		3/2/	65		1 - A M.
3. P	LACE OF DEA		ORE, MARYLA		OUGAN	4. USUAL RESIDENCE	CX (Where d	eceosed lived. If in	stitution; reside	nce before odmission)
							COUNTY		01	
F	ULL NAME O	F (If not i	n hospital or ins	titution, c	ive street	MARYLA	ND		11 11	
H	IOSPITAL OR		or location)			C. CITY OR TOWN	(If outside	city limits, write I	RURAL ond div	e township)
5 "	NOITUTITZE					OL EN	DUDNIE	_	1	1-07
)						GLEN D. STREET ADDRESS	DURIVI	, give lacotion)	00	- 00
. 1	OHNS H	OPKINS	HOSPIT	AL.			DTH A	VE S.W.		
U	011110 11	0, 111110				307 100	KIH W	VL 3. W.		
5. <b>S</b>	EX	6. RACE	7. M	ARRIED,		B. DATE OF BIRTH		GE (In years	If Under 1 Y Months: Doy	r. If Under 24 Hrs.
	MALE	WHIT	F "	ID QWED	PRYCE D (specify)	10 71 1		birthdoy)	Months: Doy	s Hours Min.
						12-31-1		/ /		
				KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or foreign	country)	12. CITIZEN	OF COUNTRY?
-	during most of v			aaa	37 3	W+ W4			4400	
	Superv		U	DUG	Yard	West Vi		a.	US,	A
13. [	FATHERS NAM	ΛĒ				14. MOTHER'S MAID	DEN NAME			
	ALBERT	.1. CC	GAR			ISABEL M	HILER			
					7		HELLIN			
			Armed Forces? wor or dotes of	service)	SECURITY NO.	17. INFORMANT			AD	DRESS
	Yes	7.77	of an		236-28-3145	Man a M				la la
		NA.	MTT				arjor	ie Cagar		28 4
	18. 4. 0	1.184	1621	P	CAUSE OF	DEATH				RVAL BETWEEN
	DISEAS	E OR COND	ITION DIRECTL	Y				4 4	0113	1
		LEADING TO	DEATH		Parul	le gulmone	asu or	wholees		ulder.
	(This does n	al mean the	made of dyin	g, e.g.,	DUE TO		-			The Section of the second
			it means the							
	injury or com	plicalian whi	ch caused deal	h.)	Park	soeble Myocardeal infarction Sudden				
		ANTECEDENT	CAUSES		(B)	eve myora	naich	ugares	a sty	ace H
	DISEASES C	R CONDITION	ONS, if any,	aivina	001					
			iuse (A) stati		(C)					
		CONDITIO			(0)					*****
z										
ATION			DITIONS CONT							
AT		CONDITION								
0	19A. DATE OF	OPERATION			VHICH OPERATION	20A. AUTOPSY? (Y		OR IF YES, WERE		
TIFF	2/21/	5	WAS PERFORM		a del De lune	YES	"	N CERTIFYING CA		TH?
CE	21A. ACCIDEN	IT WAS IIND		nom	PLACE OF INITION IS THE		E DID		City, give ex	act location)
	OR CONTRIBL			hom	PLACE OF INJURY (e. Jin e, form, factory, street, off	ice bidg., INJURY OC	CUR?	(11 111 0011111016	ony, give ex	oci locowom
A	DEATH (notify	medical exam	in er)	etc.)	0					
EDICAL	21 D. TIME	(Month) (De	y) (Yeor) (Ho	ur) 21 F.	INJURY OCCURRED	21F. HOW	DID INJURY	OCCUR?		
ME	OF INJURY		,	1	le At Not While					
	(APPROX)			Wor					,	
	22 1	Abox (IV (Ab)	hospitally say	andod d	ne deceased from 3	12/65	10	to 3/6	7	19.65
					o deceased from .	15				
	that ( we)	last saw the	e deceased al	ive an	3/2	19 62	and that i	n(my) <del>(our)</del> opl	nion death a	ccurred on the date
	and hour and	from the co	uses stated a	bave. (I	) <del>(Wo)</del> (dld) ( <del>didenot</del> ) v	iew the bady after	death.			
	23A. SIØWATU		1		, ( , ( , ( , , , , , , , , , ,				23 B. DATE SI	CNED
	37.319	1/							230 0 1 3	9110
	Heur	16/11	anent-		M.D. Afte	nding Med. Direct	or Phy	s. 4	3/2/	65
	23C. PHYSICIA	N'S	Trace		12	3D. ADDRESS	11	111	1	
	NAME (T	ype)	1	1		11.11	Marie	1.1.1.1		
	HE	-WE	5 1).	HG	NEW M.D.	youm it	min	1 Ho pert	7	
24A	BURIAL CRE	MATION, 24B	DATE	24C. N	ME of CEMETERY OF CHE	MATORY	24D. LOCA	ATION (Ci	ity, town, or co	unty) (Stote)
	REMOVAL IS	opecify)								Jensey III
	Buris	1 3	15/65	GT	en Haven Mer	rorial	G7	n Runna	152	
25A	DATE REC'D	BY HEALTH	DEPT. 258.	NAME C	en Haven Mer	25C. FUNERAL D	TRECTOR	" Darul	, Mal.	ADDRESS
	M	AR 4	1965 (1)	The Br	E John H.A.	Kirkles	Fine	nol II		
	III	1111 =	1000 Up	30/0		12 TT DIE	I WITE	ral Home	,Glen	Burnie
	150-REV. 1/1/6	E				5/16	- 1			

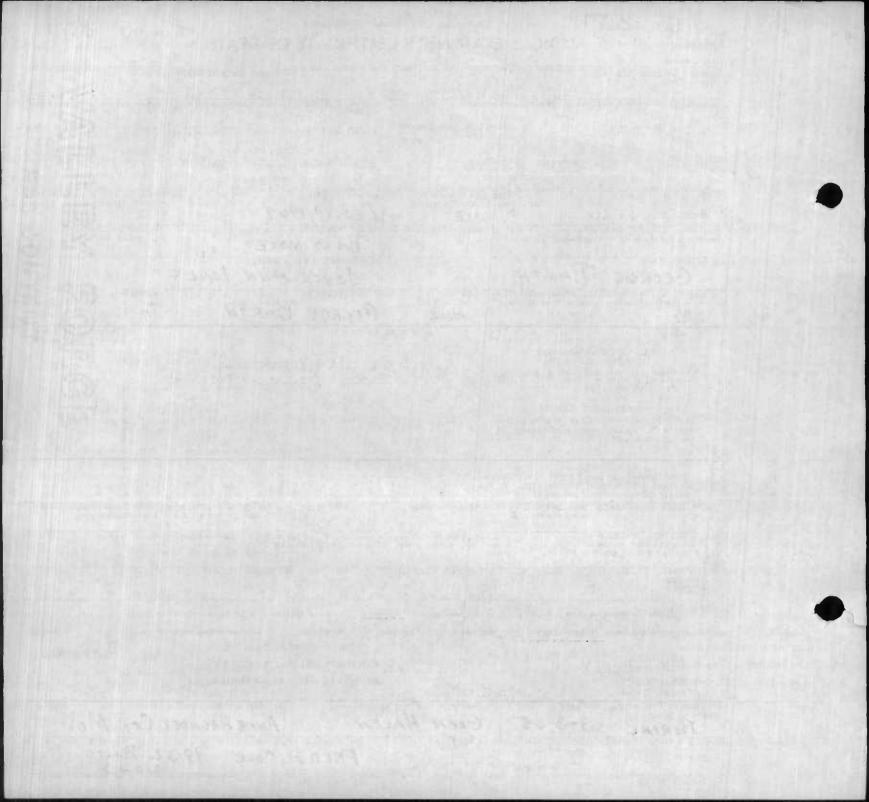


RAITI	MORE	CITY	HEALTH	DEPA	PTMEN

2370

(5 (5)P/s		
65 2370	BALTIMORE CITY HEALTH DEPARTMENT	6
RTH NO. 64 360 12	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered	d Na.

BIRTH NO. 44	MEDI	CALEX	AMINER 3 C	EKTIFICATI	E OF DEATH Reg	jistered Na
M.E. CASE NO.	ASED			2	DATE AND HOUR PRONO	UNCED DEAD
(Type or Print)	Sand	ra Bartl	h	W. 500	March 1, 1965	4:58 P. N
3. PLACE IN BALTIA	MORE, MARYLAND, W				ICE (Where deceased lived, I	f institution: residence before admissio
	OF NOT IN HOSPITA		ITION CIVE SPACE	A. STATE Mar	cyland b	COUNTY
FULL NAME OF	ADDRESS OR LOCA	TION)	THON, GIVE STREET	C. CITY OR TOWN	(If outside corporate limits,	write RURAL and give township
NSTITUTION				Bæ]	ltimore	4000
	BON SECOU	R HOSPI	TAL	D. STREET ADDRES	SS (If rural, give location)	
				307	7 S. Payson Str	eet
5. SEX 6	. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In y	eors If Under 1 Yr. If Under 24 H
Female	White	SIN		DEC. 19,1	1964	2
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (Ste	ate or foreign country)	12. CITIZEN OF
one during most of wa	orking lile, even if retired)			BALTI.	MORE	WHAT COUNTRY?
3. FATHER'S NAME				14. MOTHER'S MAI		
GEOR	GE BAR	TH		JOYCE	: ANN JONE	S
	EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT		ADDRESS
11	If yes, give wor or dote	s of service)	NONE.	GEORGE	BARTH	SAME
118.				OF DEATH	0,,,,	INTERVAL BETWEEN
271	1001		CAUSE	OF BLAIN		ONSET AND DEATH
	OR CONDITION DIL		Tont			
(This does no	t meen the mode of	dying, e.g.,		erstitial p		7 .
heort failure, o	osthenio, etc. It meons olicotion which coused i	the disease,	bi bi	lateral pur	culent otitis m	edia
	ITECENDENT CAUSE		(8)			A 100 PM
DISEASES O	R CONDITIONS, IF A ABOVE CAUSE (A) ST	NY, GIVING	DUE TO	•	***************************************	
UNDERLYING	CONDITION LAST.					
ŏ			(C)			
A OTHER SIGNI	II FICANT CONDITIONS	CONTRIBUTE	NG.			
TO THE D	EATH BUT NOT REL	ATED TO T				
H	CONDITION CAUSING		WHICH OPERATION	20A. AUTOPSY? (	Yes or No) 208. IF YES, WE	RE FINDINGS CONSIDERED
Ö	WAS PER					CAUSES OF DEATH?
21 A. EXTERNAL		21 B.	PLACE OF INJURY (e.g.,	in or obout 21C, WH	IERE DID (If in Boltimore Ci	Yes  Ity, give exact location)
UNDERLYING CAUSE	OR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., INJURY	OCCUR?	
7			1. 14111104 0.00110050	015 1101	NEW THE PROPERTY OF COLUMN	
OF INJURY	(Month) (Doy) (Year		1E. INJURY OCCURRED		V DID INJURY OCCLIR?	
(APPROX.)		m. V	VHILE AT NOT	WHILE		
22.	fy that I held an I	naulry 🗆	Inspection Au	opsy 🔀 and t	that an this basis, deoth	in my aninian
		-				
resulte	d from: Notural car	JSES A	ccldent Suicid			ianner
ACTUAL	()12	11/			DICAL EXAMINER	DATE SIGNED
SIGNATU	RE TULL C	·	M.D	ASSISTANT ME	DICAL EXAMINER	
EXAMINE		T - lane	E AJ M D	ASSOCIATE ME	DICAL EXAMINER	2 2 65
NAME (T			E. Adams, M.D.		23D. LOCATION	(City, town, or county) (Stote)
REMOVAL (Specify)						
BURIA	L 3-3-	65	GLEN HAL	EN	ANNE HRUNI	DEL CO. MD,
24A. DATE REC'D B		248, NAME	OF REGISTRAR	24C. FUNERAL	DIRECTOR	ADDRESS
M	AR 4 1965	(12. Du. Fr	E. Jarber M.A.	FRED	A. COLE 19	113 W. BALTO, ST.
8111		Androis		though 6-	4	21223
VS 151-REV. 1/1/65	5	-		6-10 P. P. P.		

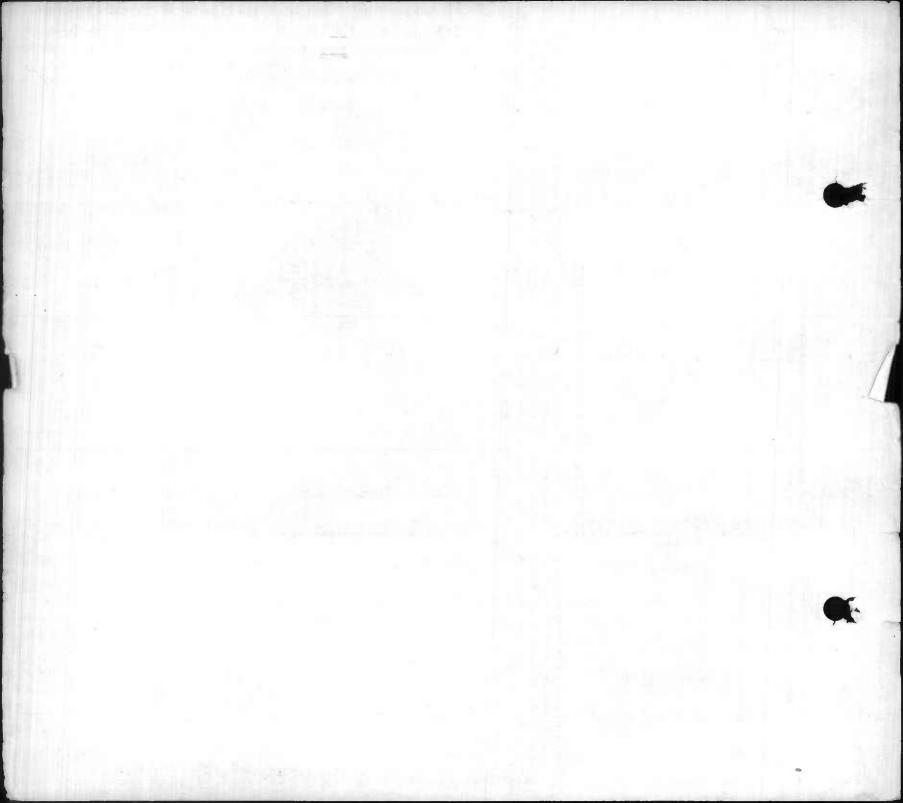


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

New york BALTIMORE CITY HEALTH DEPARTMENT

Registered	No	65	2371
Registered	NO	00	

BIRTH NO. 65 2371 CERTIF	FICATE OF DEATH Registered No. 65 2371
M.E. CASE NO.	HORTON IN DATE AND HOUR OF DEATH
(Type or Print)	10111011
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	11. Warch 1 / 2 / 0 PM.
	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	Baltinge 100
INSTITUTION oddress of locollon)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
1 41000 11.00.00	
MERCY HOSPITAL	D. STREET ADDRESS (If rurol, give location)
	43)3 saelas v summe.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe	
MALE WHITE SINGLE	pine 22, 464
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
infant -	Hushing new Gree USA.
13. FATHERS NAME	14. MOTHERS MAJOEN NAME
MILLARD BARCIAN HORTO,	RACALIE VICEITA
MILIARD BARCIAY HORTON  15. Wes Decessed Ever in U. S. Armed Forces?  16. SOCIAL	
(Yes, no or unknown) (II yes, give wor or doles of service) SECURITY NO	3582 161st Street Flushing N.Y.
1	Mr & Mrs Millard Barclay Horton Jr.
18. 7 5 2 V I	AUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	Meningitis + Septicema 3 days.
(This does not mean the made of dying, e.g., DUE heart failure, asthenia, etc. It means the disease,	
injury or camplication which caused death,)	Hylrocephalus life.
ANTECEDENT CAUSES  (B)  DUE	TO J
DISEASES OR CONDITIONS, il any, giving	
rise to the abave cause (A) stating the (C)	
11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	N 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATIO WAS PERFORMED	NO M CERMINO CAUSES OF BEATH.
U 21A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJUI	RY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) street, office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	Since Sings Into the Good to
Q 21D, TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
	Not While
work — ,	Al Work
22. I certify that (I) (this hospital) attended the deceased fro	
that (I) (we) lost sow the deceased alive on	ond that in(my) (our) apinion death accurred on the date
and haur ond from the causes stoted obave. (1) (We) (did) (did	d not) view the body after deoth.
23A. SIGNATURE	23B. DATE SIGNED
Trictoria A trayendes M	.D. Attending Med. Stoff Phys. March 1, 467
23 C. PHYSICIAN'S	23D. ADDRESS
NAME (Type) VICTALIA CTAVENOR	and Mercy Hospital
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETER	1 in pione
REMOVAL (Specify)	
Burial 3/3/65 PARKWOOD	CEMETERY BALTIMORE MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS HENRY SANDER & SONS INC
MAK & ISOS UCCUEST E TOUR	HENRY SANDER & SONS INC.
VS 150-REV. 1/1/65	- DELITIOND MANILAND CIZI)

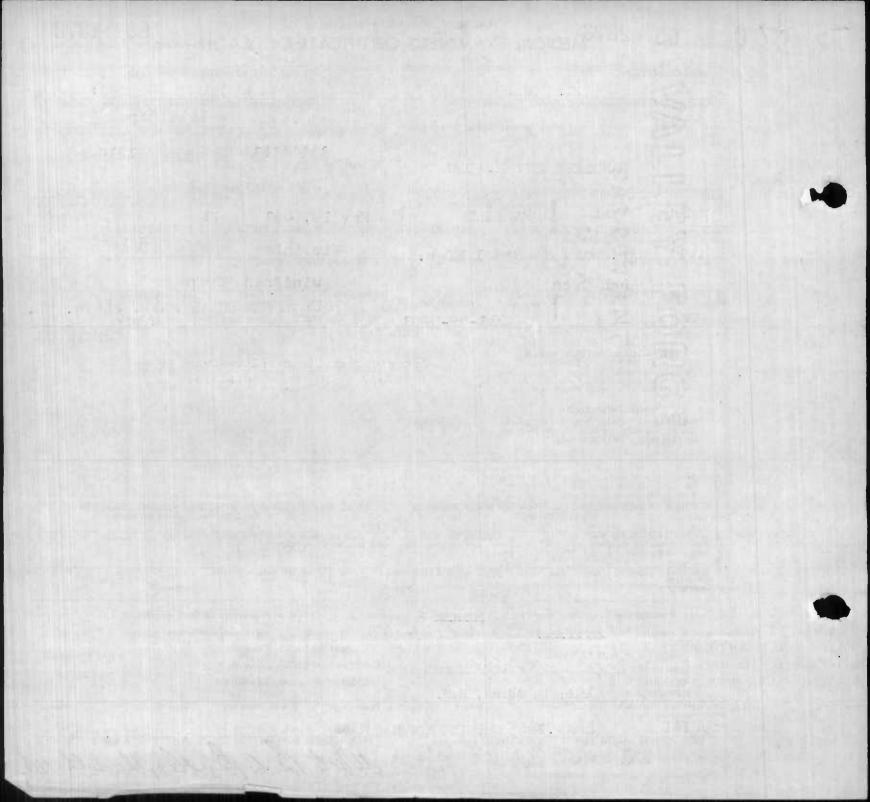


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

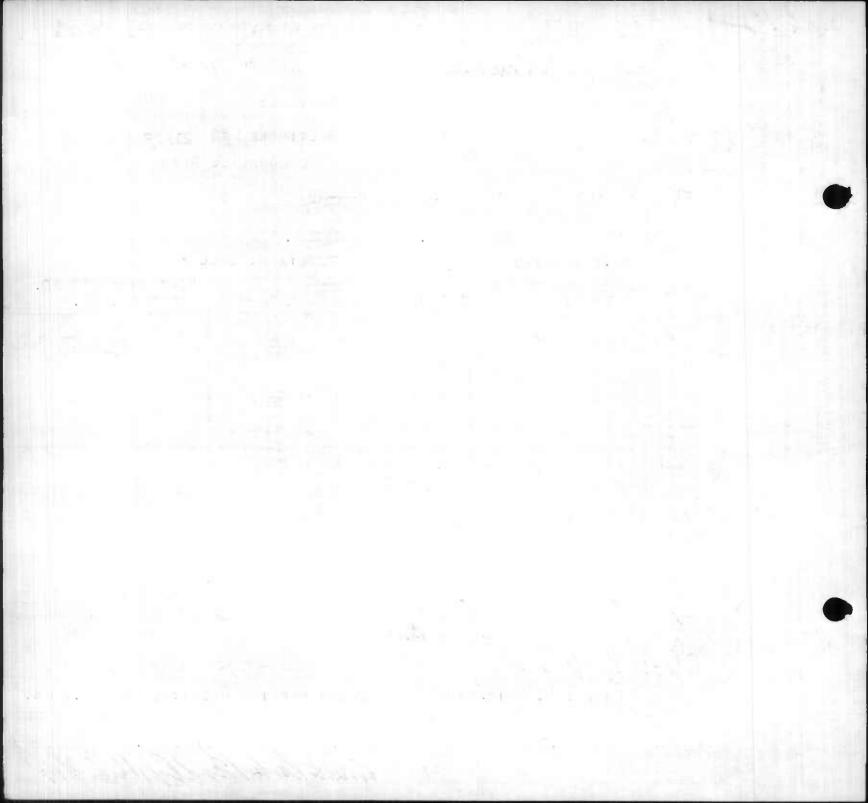
		BALTIMORE CITY	HEALTH DEPARTMENT		65 9000
	TH NO. 65 2372	CERTIFICA	TE OF DEATH	Registered No.	65 2372
1. f (Ty	De or Print) SHOOK,	DANIEL	C. 100	ND HOUR OF DEATH	65 705 AM.
C	FRIECATE CORRECTED	3-12-65 on, grass street,	MARYLANI	> NTY	Ball
	HOSPITAL OR BODDIES OFFICION (NSTITUTION BODDIES	HOSPITAL	BALTIMO.	utside city limits, write RU  RE 39  I ruyel, give locotion)  HDDINGTO	53-00
5.		IED, NEVER MARRIED WED, DIVORCED (specily)	8. DATE OF BIRTH,	9. AGE (In years lost birthday)	II Under 1 Yr. It Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KINE e during nost of working life, even if retired)	liver Expres	FREDRICK (	eign country)  Ow NTY MD	12. CITIZEN OF WHAT COUNTRY?
13.	DANIEL H.SI	took.	1-ARRIS	TA. X	ENTZ
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (It yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 7/4 03 457	17. INFORMANT	. Shook .	ADDRESS Colore
	DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH BARRET	. 1	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does nat mean the made of dying, the of follure, asthenia, etc. It means the discriniury or complication which caused death.)		la Inesm	ma Plobe	er 4 days
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, gives the above cause (A) stoling UNDERLYING CONDITION last.			A STATE OF THE STA	J. V. M.
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CALCE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., it home, form, loctory, street, of etc.)	n or obody 21C. WHERE DID	(If in Ballimore (	City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED  While At Not Whill Work At Work		JURY OCCUR?	
	22. I certify that (I) (this haspital) attends that (I) (we) lost saw the deceased all of and haur and from the couses stated above	sh <del>1</del> 6-3 ()	19 65 ond t		on deoth occurred on the dote
	23A. SIGNATURE  fengida Q. Jala  23C. PHYBICIAN'S NAME (Type)	M.D. Atte	ending Med.	2	238. DATE SIGNED
24	ZENAIDA C. 7 A. BURIAL CREMATION, 124B. DATE 1246	A LA D M.D.		COURS	HOSPITAL
	Sunal 3-5-65	Meadowns	LES MAN AM	· Dorse	ADDRESS.
	MAR 4 1965 Rober	6 E. Farley M.A		Powan + Son	Inc. Hollins

Letter from Bon Secours Hospital
3-12-65 M.H.

BIRT	н но. 65	2373 <sub>MEDI</sub>	CAL EX	KAMINER'S C	ERTIFICA	ATE OF I	DEATH Registe	65 ered No	2373
M.I	E. CASE NO.					· · · · · ·			
1.	NAME OF DEC	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD	
, , ,	pe of Time	EVAN	OWEN			Mar	ch 1, 1965	1	1:31 P. M
		IMORE, MARYLAND, W			I A. STATE	Mary land	deceosed lived, If ins	intution: reside	nce before odmission
HO	SPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTION)	UTION, GIVE STREET	C. CITY OR T	OWN (If outside	e corporate limits, writ		
		BALTIMORE	CITY HO	SPITAL		BELL DINOL		RE 212	19
						7014 Riv	erdrive Roa	d	53-00
5. S	Male	6. RACE White	7. MARRIED, WIDO WED, MARR	NEVER MARRIED DIVORCED (specify) IED	B. DATE OF BI	5,1893	9. AGE (In years lost birthday)	If Under 1 Months D	Yr. If Under 24 Hr Doys Hours Min.
A01	USUAL OCCU	JPATION (Give kind of work working life, even if retired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreig	n country)	12. CITIZEN	OF COUNTRY?
	CIVIL E	ngr.	Ste	el Mfgr.		rginia		USA	
	A THE S TRAIN	77 11 0			14. MOTHER 3	Winifre			
15.	WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMAN	T		ADDRESS	
(Yes	YES	Off yes, give wor or dote		SECURITY NO.					BALTO. MI
	IEO	1 WW T	6.	13-09-0203	OF DEATH	TTH OWF	N(WIFE)	21210	NTERVAL BETWEEN
	7 0	2 / 1		CAUSE	OI DEATH				ONSET AND DEATH
	DISEAS	SE OR CONDITION DI	RECTLY	Arter	iosclero	tic card	iovascular		
	(This does r	not meon the mode of osthenio, etc. It meons	dying, e.g.,	DUE TO			disease		
	injury or cor	mplication which coused	deoth.)					TOTAL S	
	A	NTECENDENT CAUSE	S						
	DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO					
		E ABOVE CAUSE (A) ST NG CONDITION LAST.	A IING THE					0.00	
N				(C)					
ERTIFICATION	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT REI	ATED TO 1	NG THE					
RT	19A. DATE OF	R CONDITION CAUSING		WHICH OPERATION	20A. AUTOP	SY? (Yes or No)	208. IF YES, WERE FI	INDINGS CO	NSIDERED
S	0	WAS PER			20.00		IN CERTIFYING CAU		
¥		L CAUSE WAS	218.	PLACE OF INJURY (e.g.,	in or obout 21C.		(If in Boltimore City, g	ive exact loca	otion)
MEDIC	UNDERLYING UTING CAU	SE OF DEATH.	home etc.)	e, form, foctory, street, c	office bldg., INJL	JRY OCCUR?			
Σ	OF INJURY	(Month) (Doy) (Yeor	Hour) 2	TIE. INJURY OCCURRED		HOW DID INJU	JRY OCCUR?		
	(APPROX.)		m.\	WHILE AT NOT AT W	ORK				
	22.	tify that I held on I	naulry 🗌	Inspection X Aut	opsy 🗌 🧳	and that on thi	s bosis, death in a	my opinion	
		ted from: Notural con		Accident Suicid			Indetermined monn		
	10301	10000 100000000000000000000000000000000	//	accident solcid		MEDICAL EX		e1 []	
	ACTUAL		6/10						DATE SIGNED
	SIGNAT	/	PATE	M.D.		MEDICAL EX			3-2-65
	EXAMIN NAME (		E. Adam	ns, M.D.	ASSOCIATE	MEDICAL EX	(AMINER		
	BURIAL CRE	MATION, 23B. DATE		C. NAME OF CEMETERY	CREMATORY	23 D. L	OCATION (City	, town, or cou	unty) (Stote)
E	NOVAL (Specify BURIAL	4MAR.		ARLINGTON NA	ATIONAL		LINGTON.	VTRGTI	NTA
244	. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUN	ERAL DIRECTOR	1	4	DRESS
		MAR 4 1965	Molper	JE Javening	Mul	4. Pank	e Budle	7. Lle	wholh 14
VS	151-REV. 1/1/	65	1 2	y and the	E.o.	60 4 4	/		



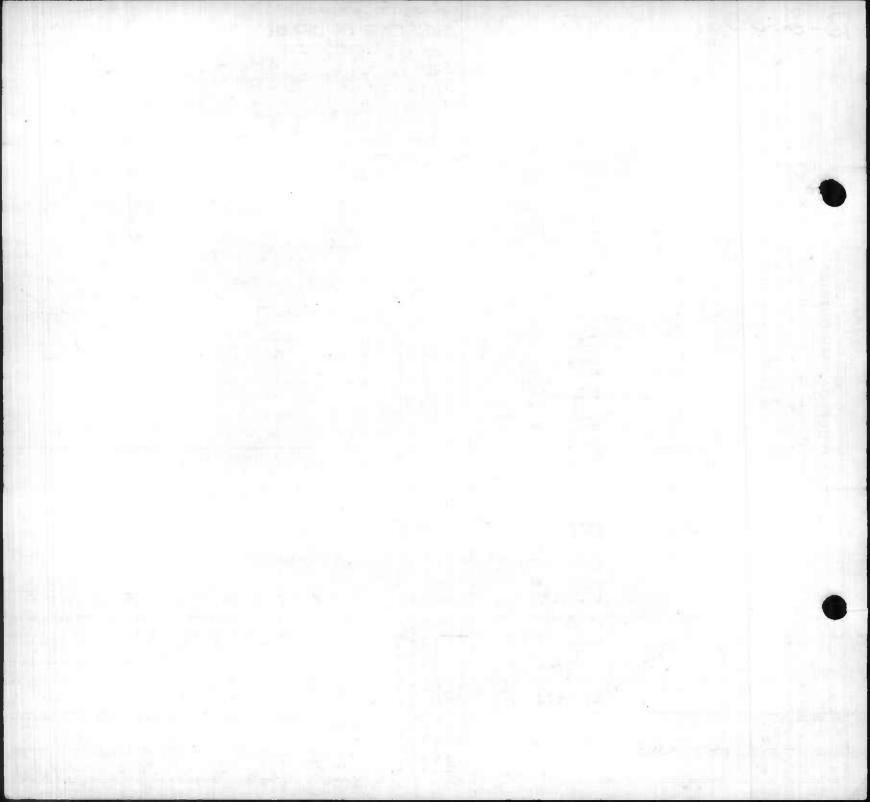
		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65	2374	CERTIFICA	TE OF DEATH	Registered No.	65 2374
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	e Valh	ovac	/	AND HOUR OF DEATH	
3. PLACE OF DEATH IN BALT		ovac		here deceased lived. If i	institution: residence before admission) MORR
	in hospitol or institutio s or location)	n, give street	C. CITY OR TOWN	D	RURAL and give township)
3 The Johns Ho	opkins He	ispital	BALTIMO D. STREET ADDRESS	RF PP 21	222 53-00
			3120 Co	RNWALL ROA	D
5. SEX 6. RACE	> WIDOV	ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH 4-4-13	9. AGE (In years last binhday)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Haurs Min.
10A, USUAL OCCUPATION (Give dane during most of working life, eve		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	areign country)	12, CITIZEN OF WHAT COUNTRY?
MILL WRIGHT	STE	CEL MFGR.	PENNA.		USA
13. FATHERS NAME GEORGE	VRHOVAC		JULIA	H. CZULAK	
15. Was Deceased Ever in U. S. (Yes, na or unknawn) (Iff yes, give YES	Armed Forces? wor or dates of service II	16. SOCIAL NO. 191015514	GEORGE T.		3 STRATMAN RD. JNDALK, MD.
DISEASE OR CONT	O DEATH	CAUSE O	reportermont C	us Parotid	INTERVAL BETWEEN ONSET AND PEATH
(This does not mean the heart failure, asthemia, etc injury or camplication wh  ANTECEDEN DISEASES OR CONDITI	. It means the disea ch coused death.) T CAUSES	(B) Pidf	we Metastes	e 5	1 months
rise to the above condition	ause (A) stating t				
OTHER SIGNIFICANT CONTO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO				
19 A. DATE OF OPERATION	19B. CONDITION FO WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes at	Na) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAL	ISE OF	21B. PLACE OF INJURY (e.g., in name, farm, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR	(If in Boltima	are City, give exact location)
21 D. TIME (Month) (D OF INJURY (APPROX.)		While At At Work	e 🦳	INJURY OCCUR?	
22. I certify that (thi		1. / 1	19 6 5 ond	that in (aur) ap	olnion death accurred an the dat
	auses stated above	(We) (did) (and man)	lew the bady after dear	h.	23B. DATE SIGNED
DI LO R	lenan		ending Med.	Stoff 😭	Alacel 2 161 T
23C.PHYSICIAN'S NAME (Type) ROBI	ERT D. BRI	CKMAN M.D.	23 D. ADDRESS  JOHNS HOPK	INS HOSPIT	AL, BALTO., MD.
24A. BURIAL CREMATION, 24		NAME of CEMETERY OF CR			City, tawn, or caunty) (State)
BURIAT,	MAR.1965	BALTIMORE NA	TONAT.	BALTIMORE.	MD.
25A. DATE REC'D BY HEALTH MAR 4			25C, FUNERAL DIRECT		Les Address
VS 150-REV. 1/1/65		0 5 0		His way	11.000.41.1



attendance on the rior to death. Such

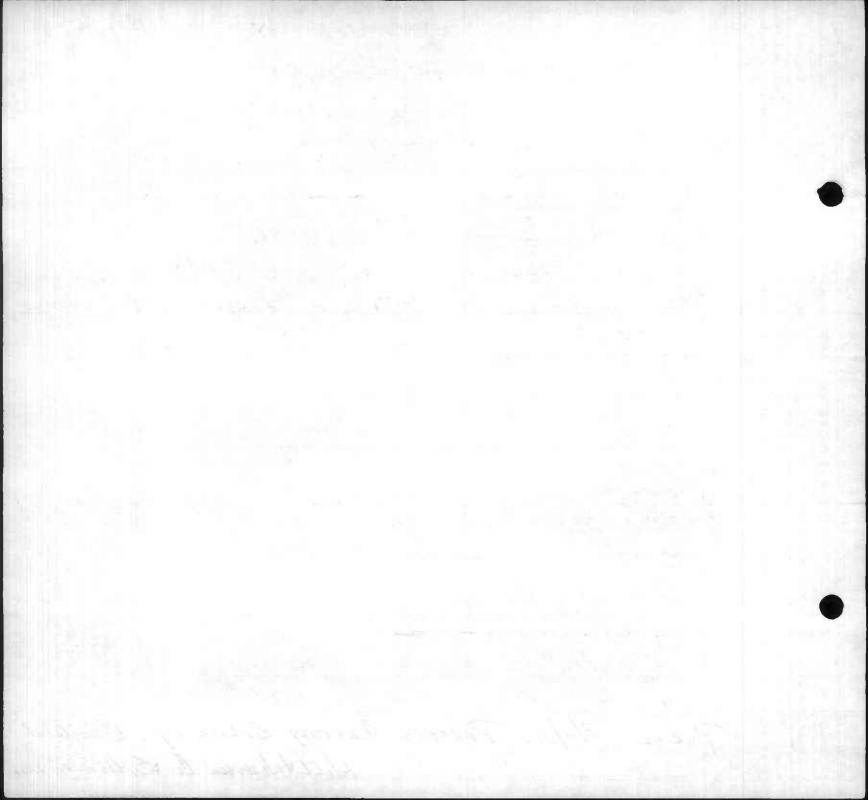
		BALTIMORE CITY	HEALTH DEPARTMENT		65 2375
- 11	BIRTH NO. 65 2375	CERTIFICA	TE OF DEATH	Registered No	65 2375
	M.E. CASE NO.  I, NAME OF DECEASED  Type or Print)	BAKER	2. DATE AN	D HOUR OF DEATH	
	S. PLACE OF DEATH IN BALTIMORE, MARYLAND	UNDER	4. USUAL RESIDENCE (Where	e deceased lived. If ins	Astitution; residence before admission
	FULL NAME OF (If not in haspital or institut HOSPITAL OR oddress or location)	ion, give street		BALTO.	URAL and give township)
	INSTITUTION				OKAL UND GIVE TOWNSHIP!
	0 3804 1416	SALTO 11,1hD			1.5 11
		RIED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
		OWED, DIVORCED (specify)	0.7- 1000	ast birthdoyl	Months Ooys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIN dane during most al warking life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AF	U.S.A.
	W. Tollies J. No.		THE MOTHER'S MAIDER HAM		
		11/ 2021			100000
	5. Was Deceased Ever in U. S. Armed Farces? Yes, no ar unknawn) (If yes, give war ar dates of serv	16. SOCIAL SECURITY NO.	17. INFORMANT	- 1	3804 HICKSY
	NO	212-07-3394	GOLDIA	KOCK	3809 MICH ALE
	18. 44 20 11	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Com T.	/	C. 11.
I	(This does not mean the mode of dying,	e.g., QUE TO	Carprais /mon	200815	sudde
	heart failure, asthenio, etc. It meons the dise injury or complication which coused death.)				
	ANTECEDENT CAUSES	(B)			
		OUE TO	adrici diribidiriran mair ma m m m m 0 di Candr m m m m di m 0 m m m m m m0 C di m m m, m m m di m m.		
ı	DISEASES OR CONDITIONS, if ony, gi				
ı	UNDERLYING CONDITION Iosi.	· embreon consid	# <del>************************************</del>		
	il .				
	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	JTING THE			
	OISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	120 A. ALLTOPSY2 (Yes, or No.)	T 208 IE VEC WESE E	INDINGS CONSIDERED
l	WAS PERFORMED	or which oreganion	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	ISES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	n ar about 21C. WHERE DID	(11 in Baltimare	City, give exact lacotion)
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, at	ffice bldg., INJURY OCCUR?		
ı	21D. TIME (Manth) (Day) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
I	(APPROX.)	While At Work Nat While At Work	e		
ı	22. I certify that (I) (this hospital) attend	led the deceased from	1-15 1	9 65 10	3-2 1965
II	that (1) ( a) last sow the deceased alive	on 2-2			nion death occurred on the do
II				A thickney (body opin	non decin occorred on the de
l	ond haur and from the causes stated above 23A. SIGNATURE	'e. (1) (may tara) (ala nat) v	new the body after death.		23B, DATE SIGNED
	Menker Coffma	M.O. And	ending Med.	Staff	3-3-65
		Pny	s. Offector	Phy s.	2-3-63
	PACE PHYSICIAN'S REUBEN +	TOFFMAN M.O.	846 cu.	36 B St.	
	24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LC	OCATION (Cit	ly, tawn, ar county) (State)
	REMOVAL (Specily)  RIAR, AL 3-5-65	NEW MA	AKET B		
		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	no. LIN	AODRESS
	MAR 4 1965 (2.0)	of E Jalano	Po 1271	1. 4/2.1	3615 Cleanet

23D. ADDRESS 846 23C.PHYSICIAN'S NAME (Type) a. 36 3 St. HOFEMA M.O. 24A. BURIAL CREMATION, REMOVAL (Specily) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, ar county) 258. NAME OF REGISTRAR FUNERAL DIRECTOR MAKKET 25A. DATE REC'O BY HEALTH DEPT. 258 MAR 4 1965 (2) MD.
AODRESS VS 150-REV. 1/1/65



DALIMONE CITTURE IN DELAKTMEN		BALTIMORE	CITY	HEALTH	DEPARTMEN'
-------------------------------	--	-----------	------	--------	------------

		HEALTH DEPARTMENT		05
ыкти но. 65 2376	CERTIFICA	TE OF DEATH	Registered No.	65 2376
M.E. CASE NO.		2. DATE AN	D HOUR OF DEATH	
TODD, NEVINS WOODS, PLACE OF BEATH IN BALTIMORE, MARYLAND	Deoek SR.	May	ch1/65	1 9 00 0 11
3. PLACE OF BEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wheel A. STATE B. COUN	TY	
FULL NAME OF (If not in hospital or institu	ution, give street	C. CITY OR TOWN (If out	UD Iside city limits, write	RURAL and give township)
UNIVERSITY HO		D. STREET ADDRESS (III	RY	72-12
REDWOOD + GRE	ENE STREET	1	rurol, give locotion) LIAM 5	TREET
	RRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
M W MI	OWED, DIVORCED (specify)	6-13-46	lost birthdoy)	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10 B. KIN one during most of working life, even il retired)	ERICAN LO FRONT		,	12. CITIZEN OF WHAT COUNTRY?
SALESMAN EL	MIREA, N.Y.	MARYLAND	145	0.5.
GEORGE W. TODD 5. Wos Deceosed Ever in U. S. Armed Forces?	M.D.	ROSELDA 17: INFORMANT	woode:	ADDRESS
res, no or unknown! (It yes, give wor or doles of ser	vice) SECURITY NO.			
18.	214-07-977	F DEATH	NOSPITAL	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	(1)	, 0 1		INTERVAL BETWEEN ON SET AND DEATH DISTORT
LEADING TO DEATH	(A) Ca	of The lung	with rust	osloris
(This does not mean the mode of dying, heart foilure, asthenio, etc. II meons the dis			**************************************	9 00 0-4 и и и <b>си с</b> ер 60 и и об и 6000-4 и и 6 <del>0000</del> 6 и и от 6 учистичную и и и и и 60
injury or complication which coused death.)				100
ANTECEDENT CAUSES	DUE TO		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stating				
UNDERLYING CONDITION last.	***************************************			000000000000000000000000000000000000000
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING O THE			
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? ( os) or No	O 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (0.g., i	n or obout 21C, WHERE DID	(It in Boltimor	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner)	home, form, foctory, street, o	fice bldg., INJURY OCCUR?		0 0.1,1
21D. TIME (Month) (Dov) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX)	While At Work Not While At Work	e 🗌		
22. I certify that (I) (this haspital) otten	ded the deceased from 2	111/65	19to3	11/65 19
that (I) (we) lost sow the deceased alive	5/1/1			inion death occurred on the dat
ond haur and from the couses stated abo				
23A. SIGNATURE				23B, DATE SIGNED
Chur Hellere	M.D. Atte	ending Med. Director	Stoff Phys.	March 1/65
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	- 11	> 0
Amir H. KHAZ	E1 M.D.	Muversey	/ Laspore	af .
4A. BURIAL CREMATION, 24B. DATE	4C. NAME OF CEMETERY OF CR	EMATORY 24D.	OCATION (C	ity, lown, or county) (Stote)
BURIAL 3/4/1965	PARSONS	CEMETERY S	ALISBUR	4. MARYLAND
SA. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	. 1	ADDRESS
MAR 4 1960 Oloke	W 37 3 1 1	AILLYNO,	LIVSON CO.	DALISBURY MI
'S 150-REV. 1/17/65				



	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPORTANI		フ
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	red by the chief med hospital by a medic	ical examiner o	Also, if the dir	if death occurred in a hosp	of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decembed was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	nature; (2) Body burn opt where the physi	is; (3) A fracture cian who pron	ounced death	4) Undetermined cause; (5) was in regular attendance	becomsed e on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	I (6) No physician we lined before the rem	as in regular a ains are embaln	ned or final dis	the deceased prior to dea position is made.	ith. Such

	BALTIMORE CI	TY HEALTH DEPARTMENT	0~
BIRTH NO. 65 2377	CERTIFIC	ATE OF DEATH VReg	istered No. 65 2377
M.E. CASE NO.  NAME OF DECEASED  Type or Print)  ALL ACE	POSEY	2. DATE AND HOU	R OF DEATH
PLACE OF DEATH IN BALTIMORE, MA	or institution, give street	Md., Montgome	) limits, willo RURAL and give township)
SEX 6. RACE	7. MARRIED, NEVER MARRIED Single DIVORCED (spocify)		(In years If Under 1 Yr. If Under 24 Hr. Months Days Hours Min.
A. USUAL OCCUPATION (Give kind of working during most of working life, even if retired)  UNIT WOWN	Retired_		
John Pose	у	14. MOTHER'S MAIDEN NAME	
5. Was Deceosed Ever in U. S. Armed For (es, no or unknown) (If yes, give wor or dote	os of sorvico) 16. SOCIAL SECURITY NO.	17. INFORMANT Marie Shifflett(Ni	ece) same item #4
DISEASE OR CONDITION DIE LEADING TO DEATH (This does nat mean the made of heart foilure, asthenia, etc. It means injury or camplicotion which coused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the abave cause (A) UNDERLYING CONDITION tast.	dying, e.g., DUE TO  the disease, death,)  (B)  DUE TO	ingrene of Ini	onset and death
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH STATED TO THE	ATED TO THE  IT.  IDITION FOR WHICH OPERATION  FORMED  OID VULUS  1218. PLACE OF INJURY (e.g.	20A. AUTOPSY? (Yes or No) 20B. IN CE	FYES, WERE FINDINGS CONSIDERED ERTHFYING CAUSES OF DEATH?  (If in Boltimore City, give exact location)
21 D. TIME (Month) (Doy) (Yoor) OF INJURY (APPROX.)	(Hour) 21 E. INJURY OCCURRED  While At		CCUR?
22. I certify that (I) (this hospital that (I) (we) lost sow the decease and haur and from the couses stal 23A. SIGNATURE	ed alive an 3/1	view the body after death.	ta 3 1965 ny) ( <del>for</del> ) apinian death occurred an the di
23C. PHYSICIAN'S NAME (Type) Edward A.  4A. BURIAL CREMATION, 24B. DATE REMOVAL (Spocify) BUT1al 3/5/65	Olison 1	CREMATORY 24D. LOCATIO	N (City, town, or county) (State)
5A. DATE REC'D BY HEALTH DEPT.  MAR 4 1965  \$ 150-REV. 1/1/65	25B. NAME OF REGISTRAR.		331 Rockville Pikess Rockville, Maryland

Table Minister of the State of

went toppe (hopels that Take place)

on the

death. ance

prior

regular

SDM

death

fracture

examiner.

medical

3

any nature;

deceased prior to death); and (6) No physician was in regular attendance on

the physician who

irect or contributing cause of death (4) Undetermined cause; (5) Deceased

in a hospital and

This certificate must be approved by the chief medical examiner

the body was released to the hospital by

shows: (1) An accident of

at a hospital

was D.O.A.

or his assistant if death

0	nh		BALTIMORE CITY HEALTH DE
	174 711	OF GOING	

NAME OF Type or Print					TE AND HOUR OF DEATH	
	Grac	e Ellen			-1-65	5:00 P.
FULL NA! HOSPITAL	OR oddress	hospitol or institu		C. CITY OR TOWN	(If outside city limits, write	institution: residence before odmis
)	4200 F1	owerton R	oad -21229	Baltim D. STREET ADDRESS 4200 Flowe	(If rurol, give location)	
. sex Female	6.RACE White	7. MAI	RRIED, NEVER MARRIED OWED, DIVORCED (specify) Married	8. DATE OF BIRTH 6-10-04	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M
		ind of work 108, KIN	ID OF BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (Stote o		12. CITIZEN OF
	ost of working life, even emaker		n Home	Maryland		WHAT COUNTRY?
3. FATHERS	NAME			14. MOTHER'S MAIDEN	NAME	
	Peter W. Ti	harle		Grace	R. Johnson	
5. Wos Deci	eased Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS 2122
Yes, no or unk	(nown) (If yes, give w	vor or dotes of ser	SECURITY NO.	Mr. Joseph	J. House, Jr	4200 Flowerton Rd
	1545000 50			-1 //	// // .	
DISEASI rise to UN DERI DISEASI PO THER TO THE DISEASI PO TO THE D	CIDENT WAS UNDE TRIBUTING CAUS (notify medical examin	mode of dying, II meens the dish coused deoth.)  CAUSES  NS, if ony, gose (A) storing lost.  MITIONS CONTRIBUTIONS CONTRIBUTIONS TELATED TO AUSING IT.  198. CONDITION WAS PERFORMED  RLYING TO THE CONTRIBUTION TO THE CONTRIBUTI	DUE TO 1 DUE	20A. AUTOPSY? (Yes  in or obout 21C. WHERE D  office bldg., INJURY OCCL  21F. HOW Df1	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?  Ore City, give exact location)
DISEASI rise to UNDERI  OTHER TO TH DISEASI 19A. DAT  21A. AC OR CON DEATH OF INJU (APPROX	Des nof meon the ilure, osthenio, etc. or camplication which the obove countries of the obove countries of the obove countries of condition of the obove c	mode of dying, Il meons the dish coused deoth.)  CAUSES  NS, if ony, gose (A) storing lost.  HITIONS CONTRIB HOT RELATED TO AUSING IT.  19B. CONDITION WAS PERFORMED  RLYING TO E OF	DUE TO DU	20A. AUTOPSY? (Yes in or obout 21C. WHERE D office bldg., INJURY OCCL  21F. HOW Df1	or No! 20B. IF YES, WER! IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exoct locotion)
NOTHER TO THE DISEASE TO TO THE DISEASE TO THE DISE	Des nof meon the color of the c	mode of dying, II meens the dish coused deoth.)  CAUSES  NS, if ony, go and the dish coused deoth.)  CAUSES  NS, if ony, go and the december of the december o	DUE TO DU	20A. AUTOPSY? (Yes  in or obout 21C. WHERE D office bldg., INJURY OCCU  21F. HOW Dfl  in the control of the con	or No! 208. IF YES, WER! IN CERTIFYING CO. III (If in Boltime of the condition of the condi	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct locotion)  The pinian death occurred on the 23B. DATE SIGNED 3-2-65  VAV.
NOTHER TO THE DISEASI TISE TO UN DEATH OF THE DISEASI TISE TO OR CON CONTROL OF TO THE DISEASI TISEASI	Des nof meon the color of the c	mode of dying, II meens the dish coused deoth.)  CAUSES  NS, if ony, go and the dish coused deoth.)  CAUSES  NS, if ony, go and the december of the december o	UTING O THE FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED While AI Not Whom work On Market On Ma	20A. AUTOPSY? (Yes  in or obout 21C. WHERE D office bldg., INJURY OCCU  21F. HOW Dfl  in the control of the con	or No! 208. IF YES, WER! IN CERTIFYING CO. III (If in Boltime of the condition of the condi	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  Place 1 19 4  pinian death occurred on the  238. DATE SIGNED  3 - 2 - 6 5

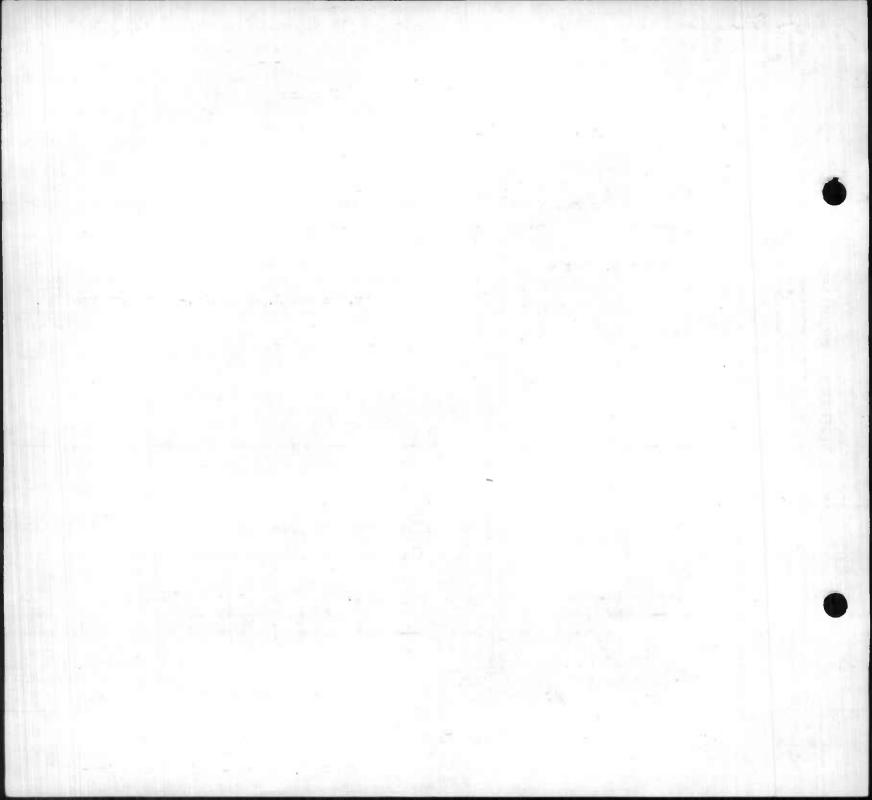
3-5-65 DEPT. 25A, DATE REC'D BY HEALTH 1965 MAR

Loudon Park Cemetery Baltimore, Maryland

258. NAME OF RECEIPERAL

Howard H. Hubbard-4107 Wilkens Howard H. Hubbard-4107 Wilkens Ave-21229

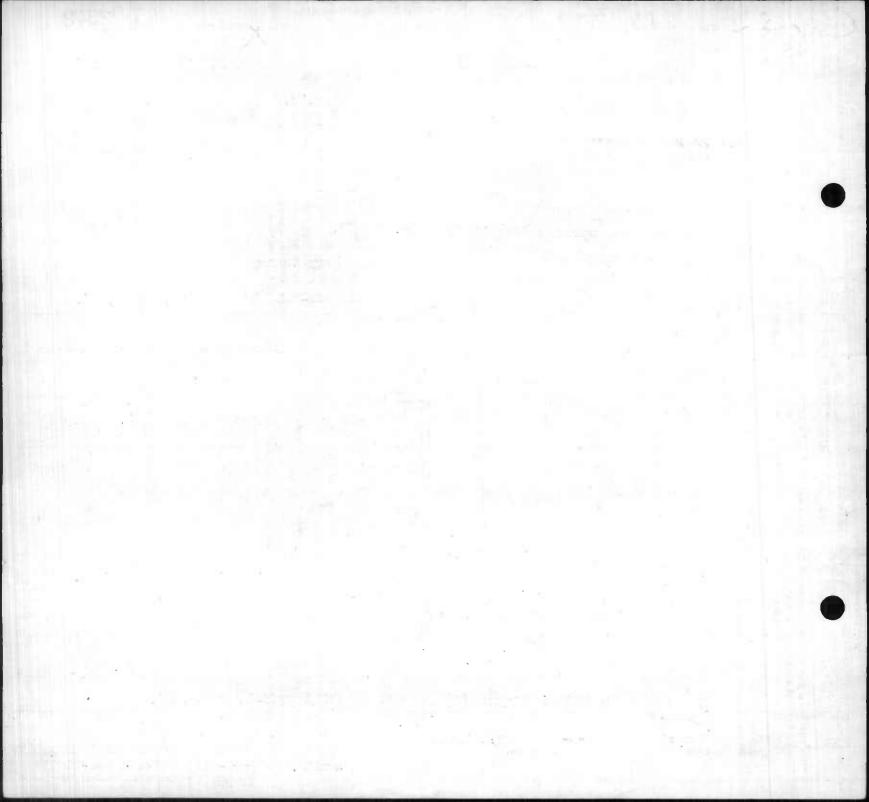
VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

RGB

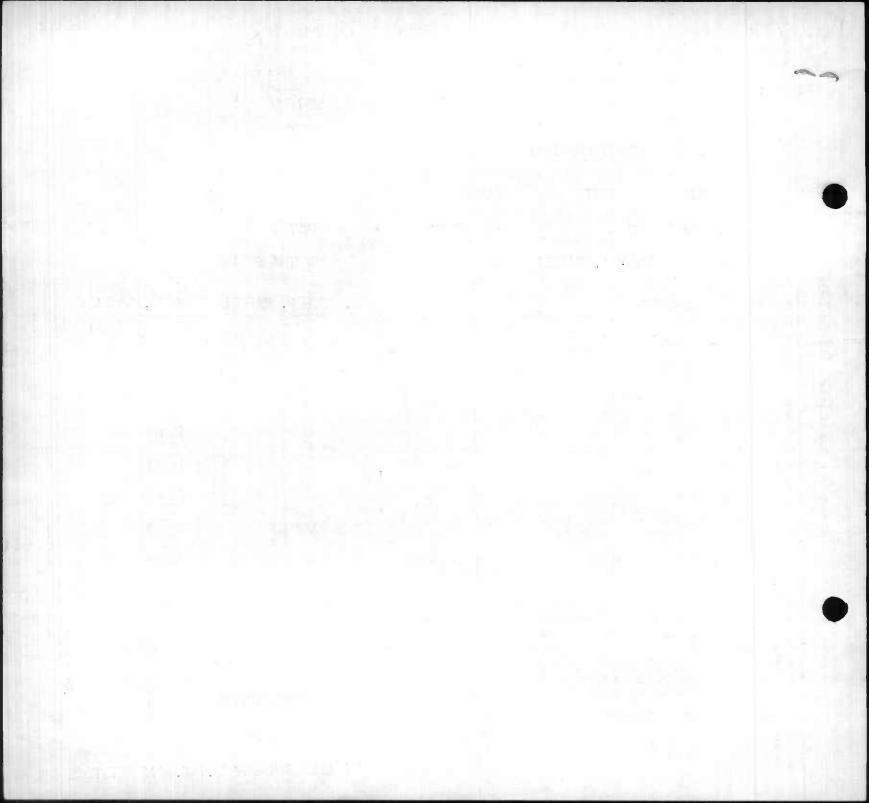
7	OF	Open		BALTIMORE CITY	HEALTH DEPARTMEN	NT	65 2379
BIRTH NO.		2379		CERTIFICA	TE OF DEAT	H X Registered No	00 6013
M.E. CAS	E NO. OF DECEASED					TE AND HOUR OF DEATH	4
Type or P		THEODORE I	ROOSEVE	LT COLEMAN		Mar. 1. 196	
PLACE	PLACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESIDENCE		institution; residence before admission	
FILL N	AME OF	(If not in hospital	or institution	give stool	W. Va.	COUNTI	11 1/3
HOSPIT	AL OR	address or to cotion		dine zueel		(If outside city limits, write	RURAL and give township)
INSTITU	JIION				Glen		
US I	Public He	ealth Ser	vice Hos	spital	D. STREET ADDRESS	(If rural, give location)	
Wyma	an Pk. D:	rive & 31	st St/		306 W	heeling Ave.	
SEX	6. RAC	E		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months: Days Hours Min.
M		W		rried	7/31/02	62	
		N (Give kind of work lile, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		el worker	Wheeli	ng Steel Co.	Pa.		USA
	RS NAME				14. MOTHER'S MAIDEN	N NAME	0.022
	Frank S	Coleman	n		Mary Va	nnoy	
Wos D		U. S. Armed For		1 6, SOCIAL	17. INFORMANT	•	ADDRESS
es, no or	unknown) (If yes	, give wor or date	s of service)	SECURITY NO.		S PHS Hospital	
no				233-03-1082		- 115 1105 br (91	·
18.	(03X	1		CAUSE O	F DEATH	8.70	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		RECTLY	10	amalah.	uemonia	3 2	
(This		on the made of	dvina ea	DUE TO	whataley	amona	O anego
heart	failure, asthen	ia, elc. Il means	the disease,	47			
Injury		n which caused		#			
		EDENT CAUSES		DUE TO	1-4.1		at least
		NDITIONS, IF		in Ma	ul lipso	musloma	at least
	rise to the above cause (A) stating the UNDERLYING CONDITION last.				fred to		
	II .					,	V
		CONDITIONS C					
DISE	ASE OR CONDI	BUT NOT RELATION CAUSING I	T.				
19A.D	ATE OF OPERA	TION 198. CON		WHICH OPERATION		or No. 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
-	. colocula		12.2		yes		
OP C	ONTRIBUTING	CAUSE OF	hom	PLACE OF INJURY (e.g., in ne, form, foctory, street, of	fice bldg., INJURY OCC	OID (If in Boltimo UR?	one City, give exact location)
)	H (notify medical	ol exominer)	etc.	1			
21 D. 1		h) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED		D INJURY OCCUR?	
(APPR			Wh	ile Al Not While			
22 1	enstify shot /	IX (ship basaisal			Jan. 16	19 65 to Ma	ir. 1 10 65
	./.			Mar. 1	10 65		
		aw the decease					pinion death accurred an the da
	IGNATURE	the causes stat	ted above.	() (We) (did) (did/1/6/)/	iew the bady after de	eath.	
KJA. S	/ //-	000	who	wite wo Am	ending Med.	Stoff Car	23B. DATE SIGNED
	1 111 .	0/1//	The same	Phy	s. Director	Stoff Phys.	3/1/65
	Mar	(0)	//		200 4000000		
23C.P	HYSICIAN'S IAME (Type)				23D. ADDRESS		
23C.P	HYSICIAN'S	Lupovitch	, Surge			pital, Balto,	Md.
23C. P N	HYSICIAM'S IAME (Type) Aaron ]				US PHS Hos		Md. City, town, or county) (State)
23C.P N	HYSICIAM'S IAME (Type) Aaron  AL CREMATIO OVAL (Specily)	N, 248. DATE	24C. N.	on (R) M.D.	US PHS Hos	24D. LOCATION	City, town, or county) (State)
23C.PN	HYSICIAM'S IAME (Type) Aaron  AL CREMATIO OVAL (Specily)	3-5-65	24C. N. Mt •	on (R) M.D.  AME of CEMETERY of CRE  Olivet	US PHS Hosp	Hyde County,	City, town, or county) (State)
23C.PN	HYSICIAM'S IAME (Type) Aaron  AL CREMATIO OVAL (Specily)  ial	3-5-65	24C. N. Mt •	on (R) M.D.	US PHS Hosp	Hyde County,	City, town, or county) (Stote) Ohio



BALTIMORE CI	TY HEALTH DEPARTMENT	0.5
BIRTH NO. M.E. CASE NO.  65 2380 CERTIFIC	ATE OF DEATH X Registered No	65 2380
1. NAME OF DECEASED (Type of Print) Sally Ludlow	2. DATE AND HOUR OF DEATH	57 7:30 A.
3. PLACE OF DEATH IN BALTIMORE MARYLAND	A. STATE  B. CQUNTY	titution: residence before admission
FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddiess or location)	MARYLAND - Ball	1 more
Lake Drive Nursing Nome	B. 1. ans 22	53-00
0	6920 Homeway	St.
Female White MARRIED, NEVER MARRIED WIDOWED, DIVORCED, (specify)	B. DATE OF BIRTH  9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Operating km. Tech.	Maryland	11 CA
3. FATHERS NAME	14. MOTHER'S MAIDEN NAME	913111.
James Havelow	Unk.	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL Yes, no at unknown) (If yes, give wat at dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
No (If yes, give wor or dotes of service) 220-35-0638	Ramona Ferrial - h	of Wilms me
18. 44 20,0 I CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	100 50 110 4 11	ONSE! AND DEATH
(This does not mean the made of dying, e.g.,  (A)  OUE TO	TOK. OCK: Heart MIS	phronic
heart foilure, asthenia, etc. II means the disease, injury or complication which caused death.)	110 4 50.	
ANTECEDENT CAUSES (B)	n/ col scenous	Murue
DISEASES OR CONDITIONS, if ony, giving		
rise to the obave cause (A) stating the (C) UNDERLYING CONDITION last.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ALLERS	chà left, clip Brain De	ant rol-ching
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		INDINGS CONSIDERED
	office bldg., INJURY OCCUR?	City, give exact location)
21D. TIME (Month) (Doy) (Yeos) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX.)  While At Work  Not W		
22. I certify that (I) (this hospital) attended the deceased fram		28 1965
that (1) (we) last saw the deceased alive an 2/25	19 6 5 and that in (my) (aur) apin	Ian death accurred an the do
and haur and fram the causes stated abave. (1) (We) (did) (did nat		
23A. SIGNATURE		238. DATE SIGNED
Maller Hun 122 M.D.	Attending Med. Stoff Phys. Phys.	3/1/65
23C. PHYSICIAN'S NAME (Type)	D. 350 2 W Rolens as	2 Ballote
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	CREMATORY 24D. LOCATION ICIT	y, town, or county) (State)
Burial Mar.4,1965 Greensbor		/
MAR 4 1965 Poles & Talkey MA	25C. FUNERAL DIRECTOR	Ma help ha
111111111111111111111111111111111111111		

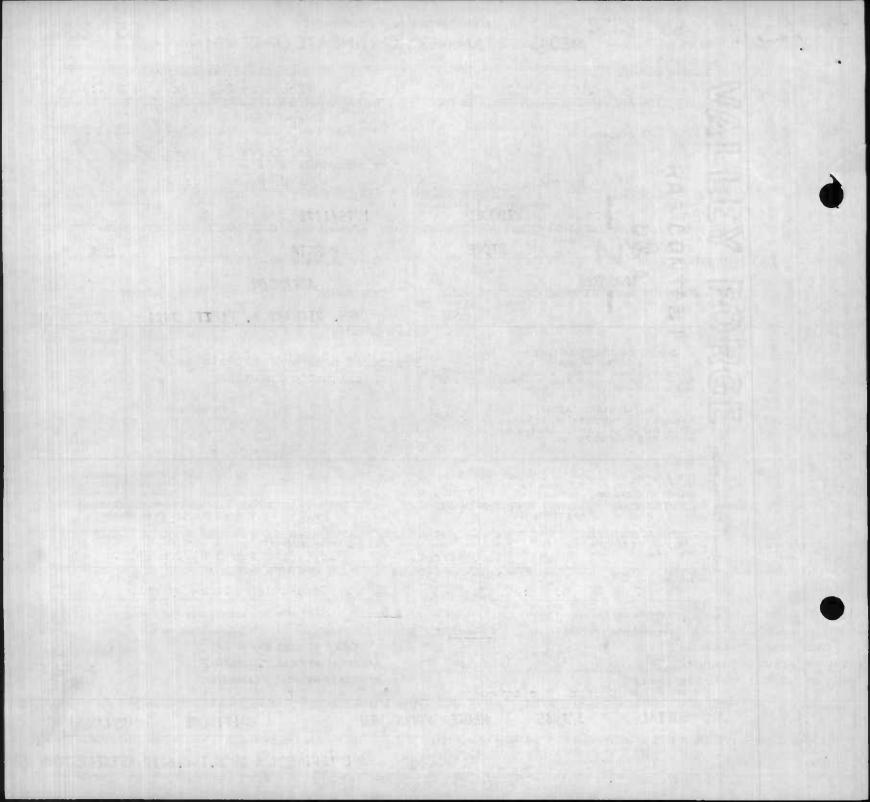
	deat	
	:=	-
IMPORTANT	assistant	T - 7
IMPO	or his	A
FUNERAL DIRECTOR:	d by the chief medical examiner or his assistant if deat	the state of the s
RAL DIR	f medical	The state of the s
CN	chie	-
4	the	-
	by	400
	70	1

	BALTIMORE CI	TY HEALTH DEPARTMENT	CE ODGA					
	BIRTH NO. 65 2381 CERTIFICATE OF DEATH X Registered No. 65 238							
1. N	E CASE NO.	2. DATE AND HOUR OF DEATH						
(Тур	pe or Print) Raffel. Daniel	2/28/65	14-73 P M.					
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before offmission.						
11 .	FULL NAME OF (If not in hospital or institution, give street	MARYLAND	Balt					
1	HOSPITAL OR oddress or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)					
5		SPARKS	53-00					
1	SINAI HOSPITAL	D. STREET ADDRESS (If rurol, give location)						
5. 9		B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.					
	MALE WHITE WIDOWED DIVORCED (specily)	65						
don	NUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTING during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?					
	PROFESSOR PARK SCHOOL	MARYLAND	USA					
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	JACOB M. RAFFEL	BERTHA STEIN						
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS					
(16:	s.no or unknown)(If yes, give wor or doles of service)  UNKNOWN  SECURITY NO.	MRS. ROSE M. RAFFEL SPRAR	CKS. MARYLAND					
_		OF DEATH	INTERVAL BETWEEN					
			ONSET AND DEATH					
	LEADING TO DEATH	mer G. J. bleeding,	4 hrs					
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	1 f f f f f f f f f f f f f f f f f f f						
	injury at camplication which coused deoth.)	at the same of the						
	ANTECEDENT CAUSES (8) DUE TO	allruned cause						
H	DISEASES OR CONDITIONS, if any, giving							
	rise to the abave cause (A) stating the (C)UNDERLYING CONDITION last.	00000000000000000000000000000000000000						
		malman employmen						
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chrom	alleyst to						
ATION	TO THE DEATH BUT NOT RELATED TO THE district	ulleystits						
RTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	30A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?					
L		1 X LUS						
C	OK CONTRIBUTING   CAUSE OF #   home form foctory, sfreet.	office bldg., INJURY OCCUR?	e City, give exact location)					
U	DEATH (notify medical examiner) etc.)		2					
MEDI	OF INJURY	21 F. HOW DID INJURY OCCUR?						
<	(APPROX.) While At Work At Wo	nile rk	1					
	22. I certify that (I) (this hospital) attended the deceased fram	2/20 1965 10	2/28 19 65,					
	that (I) (we) last saw the deceased alive an 2/28	19 6 and that in(my) (aur) api	nian death occurred an the date					
	and hour and fram the causes stated abave. (1) (We) (did) (did nat)							
	23A. SIGNATURE		23B, DATE SIGNED					
	intrologi Achter : M.D. A	Attending Med. Stoff Phys.	2/28/65					
	23C. PHYSICIAN'S	23D. ADDRESS	100/00					
	NAME (Type)	SINAI HOSPITAL						
244	A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of C		ity, town, or county) (State)					
	REMOVAL (Specify)							
25.4	BURIAL 3/2/65 BALTIMORE HEBRE	W BALTIMORE  2SC. FUNERAL DIRECTOR	MARYLAND					
237	MAR 4 1965 Red & Failure		ADDRESS					
Ve	150-REV, 1/1/65	SOL LEVINSON & BROS. INC. 6	DUTU KEISTERSTOWN RE					
3								



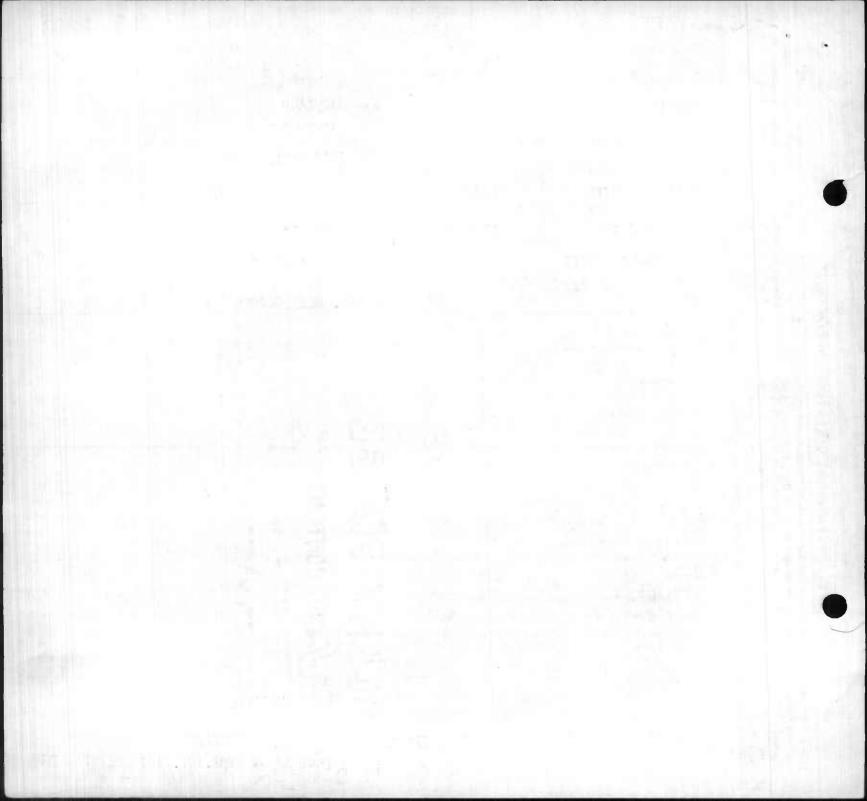
VS 151-REV. 1/1/65

65	2502		BALTIMORE CITY HEAL			6	5 2382
BIRTH NO.	MEDI	CAL EX	CAMINER'S CE	ERTIFICAT	TE OF DEATH R	egistered Na	
M.E. CASE NO.							
1. NAME OF DE					2. DATE AND HOUR PRON		
		RUBIN			February 27, 1		7:10 p M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		A. STATE	ENCE (Where deceased lived.	If institution: res B. COUNTY	idence before odmission		
HOSPITAL OR	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION			WN (If autside carparote limit Baltimore	2 7	and give township)	
					RESS (If rurel, give location)		
1	Sinai Hospi	tal		40	08 W. Rogers Av	renue	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRT		veors If Unde	er 1 Yr. If Under 24 Hrs
male	white	WIDO WED,	DIVORCED (specify)	1/15/16		y) Manths	Days Hours Min.
			BUSINESS OR INDUSTRY	1/15/18		12 CITI	ZEN OF
	warking life, even if retired)					WH7	AT COUNTRY?
		S7	ORE	RUS			USA
13. FATHER'S NA				4. MOTHER'S M	AIDEN NAME		
	UNKNOWN				ABRAMSON		
Yes, no or unknown	ED EVER IN U.S. ARMED n), (If yes, give wor ar dote	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRES	S
NO	, , , , , , , , , , , , , , , , , , , ,		NO	MRS. R	ICHARD A. PLEET	2421 (1)	GARRISON AVI
18.	27 73 21		CAUSE	OF DEATH	SOUTH TO THE PERSON	LTLI W	INTERVAL BETWEEN
= 5	13071						ONSET AND DEATH
DISEA	ASE OR CONDITION DI		Fract	tured necl	k and multiple		
(This daes	not mean the mode al	dvina. e.a	DUE TO		tic injuries		
injury or co	e, osthenia, etc. It meons amplication which caused	death.)		Clauma	cic injuries		
	ANTECENDENT CALLE	c					
	OR CONDITIONS, IF A		(B)				
RISE TO TH	HE ABOVE CAUSE (A) ST		DOE 10				
	ING CONDITION LAST.		(C)		••••••••		
O THE	GNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING	LATED TO T					
19A. DATE O			WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 20B, IF YES, W	ERE FINDINGS	CONSIDERED
Ö	WAS PER					Yes Yes	
	AL CAUSE WAS	21B.	PLACE OF INJURY (e.g.,	in or about 21 C. V	VHERE DID (If in Baltimore COCCUR?		locotian)
UTING CAL	DOR CONTRIB-	etc.)	Street	Roll	vedere Ave & Wi	ilton Hot	s. 27-12
E 21 D TIME	(AA11) (D. ) (V	111	TE INJURY OCCURRED		OW DID INJURY OCCUR?	11011 1160	5. M
OF INJURY	(Manth) (Doy) (Year	4					
(APPROX.)	2 27 65	6:50m.	WHILE AT NOT W	WHILE X Pe	destrian struck	c by auto	
22. I cer	rtify that I held an I	ngulry	Inspection Aut	onsy X and	d that an this basis, dea	th in my apinic	an
	Ited fram: Natural car		ccident Sulcide				
1630	A A	7	Soleton A Soleton			monner _	
ACTUA	L (CA)	711+1	12		EDICAL EXAMINER		DATE SIGNED
SIGNAT		1690	M.p.		EDICAL EXAMINER		2-28-65
	(Type) Rudiger E				MEDICAL EXAMINER [_]		
REMOVABLINE			C. NAME OF CEMETERY O		23D. LOCATION	(City, tawn, ar	county) (State)
buk17	XL 3/1/6	77	HEBREW YOUNG	MEN	BALTIMO	RE MA	RYLAND
24A. DATE REC'E	BY HEALTH DEPT.	248, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRESS
	MAR 4 1965	D. D. F	TE FORMA	\$01 IFU	THEAM & RDAG TH	IC 6010 T	PETCTEDCTAMA



	1	0	1/
) -	6	1	- 6
	P	Ped	ch C
	9 9	500	Su
	f d	900	Ė
	0	0 0	at
	hos	(5)	P
	9	se;	0
	.E 0	100	7
	D.E	U E	T. T
	b r	lar	7
	oc.	E	500
	0 0	101	0
	40	9 :	0
	90	ב ב	0
	÷	3	+ 3
Z	E P	4	57
1	sto	ini	0
X	155	7	L S
PO	S	E 9	Pu
2	Sol	of	+
	5 ⋖	Pre-	0
FUNERAL DIRECTOR: IMPORTANT	nei er.	of the	04
9	E	fra	30
Ü	Xan	43	5
8	0 0	3	.5
	ica	15;	SID
-	P P	Urr	3
2	FE	94	O
7	- E	Po	Sic
5	0 >	8	h
-	# =	2	0
	by	re,	Z
	Pe	5 4	9
	0 A	E 6	P
	P +	Y PK	94
	B 5	ofe	3
	b b	+ +	9
	ust eas	de	P
	E	cci	0-
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and on the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased L	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	Fice	V	b
	E À	50	Pe
	500	NS C	500
	his	ho	90
	-	N 3	י ס

BIRTH NO. 65 2383  M.E. CASE NO.  I. NAME OF DECEASED  (Type or Print)  Druker  C. C.	CERTIFICATE OF	DEATH Register	, , , , , , , , , , , , , , , , , , , ,
		2 DATE AND HOUR OF	
	ira	2/28/6	C 18-5
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL	RESIDENCE (Where deceased li	ved. If institution: residence before admission
FULL NAME OF (If not in hospital or institution, and the state of the	C. CITY OR		2 7-/7 s, write RURAL and give township)
OTHAT HARDITAL		LTIM ORE	
SINAI HOSPITAL	D. STREET	ADDRESS (IF rural, give loc.  17 OAKLEY AVENUE	orion)
WIDOWED	NEVER MARRIED 8. DATE OF OWED 8. DATE OF	9. AGE (In yellost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY?
		RUSSIA	USA
3. FATHERS NAME	14. MOTHE	S MAIDEN NAME	
SAM ISKOWITZ		ANNA ?	
5. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL 17. INFORM	ANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO. MRS.	BESS COOPER 581	2 A WESTERN RUN DRIVE
18.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	3		
DISEASE OR CONDITION CAUSING IT.	WHICH OPERATION 20A. AU	TOPSY? (Yes or No) 208. IF YES	, WERE FINDINGS CONSIDERED
198. CONDITION FOR Y WAS PERFORMED PErforation of	stomada due to Can	A O IN CERTIFY	ING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY (e.g., in or about 21 e, form, factory, street, office bldg., IN.	C. WHERE DID (If in	Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E.	ite At Not While	F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this haspital) attended th	he deceased from 2/2	22 19 65 10	2/28 1965
that (I) (we) last saw the deceased alive on	2/28 19	65 and that In (my) (	our) opinion death occurred on the da
and hour and from the causes stated obove, (I	) (We) (did) (dld nat) view the boo	dy after death.	
23A. SIGNATURE	4		23B. DATE SIGNED
Lardelli Jahre	M.D. Attending Phys.	Med. Stoff Phys	2/28/65
23C. PAYSICIANS BAME (Type)	M.D. SI	NAI HOSPITAL	
24A. BURIAL CREMATION, 24B. DATE 24C. NA	AME OF CEMETERY OF CREMATORY	24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)			
DUDTI. 214145	ORKMAN CIRCLE	BALTI	MORE MARYLAND INC. 6010 REISTERSTOWN



A. STATE

of death Deceased

(4) Undetermined cause; (5)

and

the

0 death.

ance

attend

regular Bad

=

Mas the

death LO

pronounced

where

(except

°Z

9

and

death) hospital

0

prior a

8

was D.O.A.

shows: (1) eceased

the body

obtained

must

approval

written

to the hospital

was released

An accident of any nature;

fracture of any

0

prior

deceased

isposition

final

10

embalmed

attendance

regular

Such

M.E. CASE NO. 65 (Type or Print)

HOSPITAL OR

**INSTITUTION** 

2. DATE AND HOUR OF DEATH

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

EVA LAVENSTEIN

FEBRUARY 26. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

FULL NAME OF

(If not in hospital or institution, give street oddress or location)

C. CITY OR TOWN

PALL MALL NURSING HOME 4601 PALL MALL ROAD

BALTIMORE D. STREET ADDRESS (If rural, give location) 5019 DENMORE AVENUE

6. RACE 7. MARRIED, NEVER MARRIED 5. SEX

8. DATE OF BIRTH

9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. lost birthdoy) Hours

FEMALE IDA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired)
HOUSEWIFE

AT HOME

WIDOWED, DIVORCED (specify)

WIDOWED

MARYLAND

12/23/1891

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME

BENJAMIN GLICK

WHITE

14. MOTHER'S MAIDEN NAME

BESSIE PAYNE

15. Was Deceased Ever in U. S. Armed Forces?

16. SOCIAL

17. INFORMANT

ADDRESS

(Ye	s, por unknown) ((f yes, give wor or doles of service)	SECURITY NO.	MR. LOUIS B. GL	ICK 6229 BEI	RKLEY AVE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)		of DEATH	f the Uteru	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(B) DUE TO			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
RTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR W WAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED ES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY (e.g., form, foctory, street,	, in or obout 21 C. WHERE DID office b(dg., INJURY OCCUR?	((f in Boltimore C	ity, give exoct locotion)

21 E. INJURY OCCURRED (Doy) (Yeor)

21 F. HOW DID INJURY OCCUR?

MED OF INJURY (APPROX.)

While At Work

Not While At Work

BALTIMORE

22. I certify that (I) (this haspital) attended the deceased Jast sow the deceased alive on

ond that in (my) (out) opinion death occurred on the date

from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth.

Quan	De bya	Ther
23C. PHYSICIAN'S NAME (Type)		

2/28/65

Attending Phys. 23D. ADDRESS Med. Director Stoff Phys. 23B. DATE SIGNED

BURIAL CREMATION, REMOVAL (Specify) BURIAL

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

ANSHE

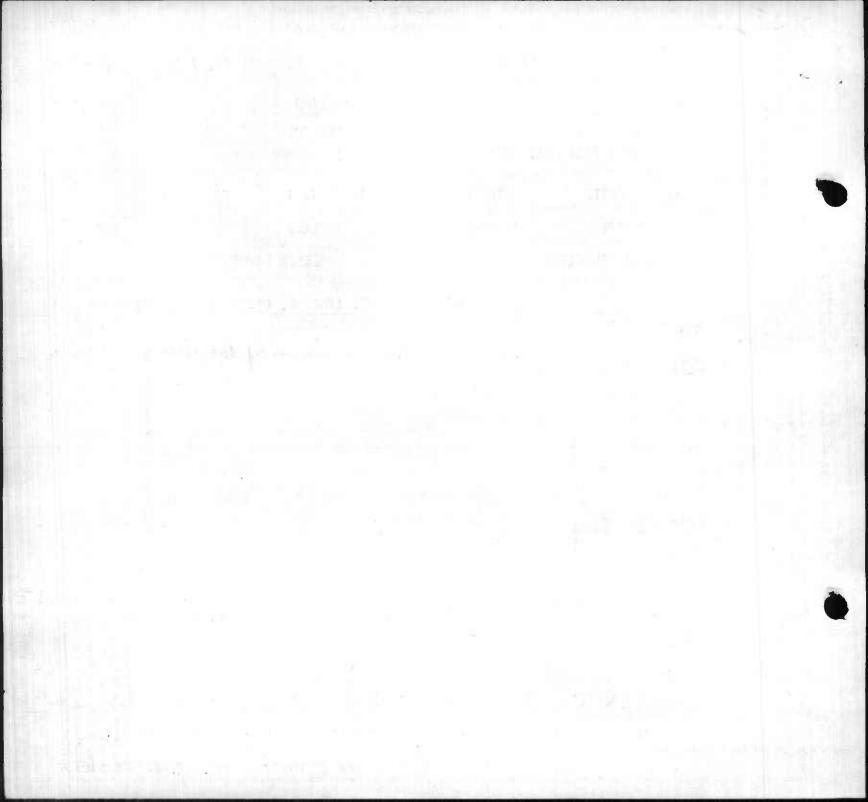
25C. FUNERAL DIRECTOR

MARYLAND

EMUANAH AITZ CHAIM

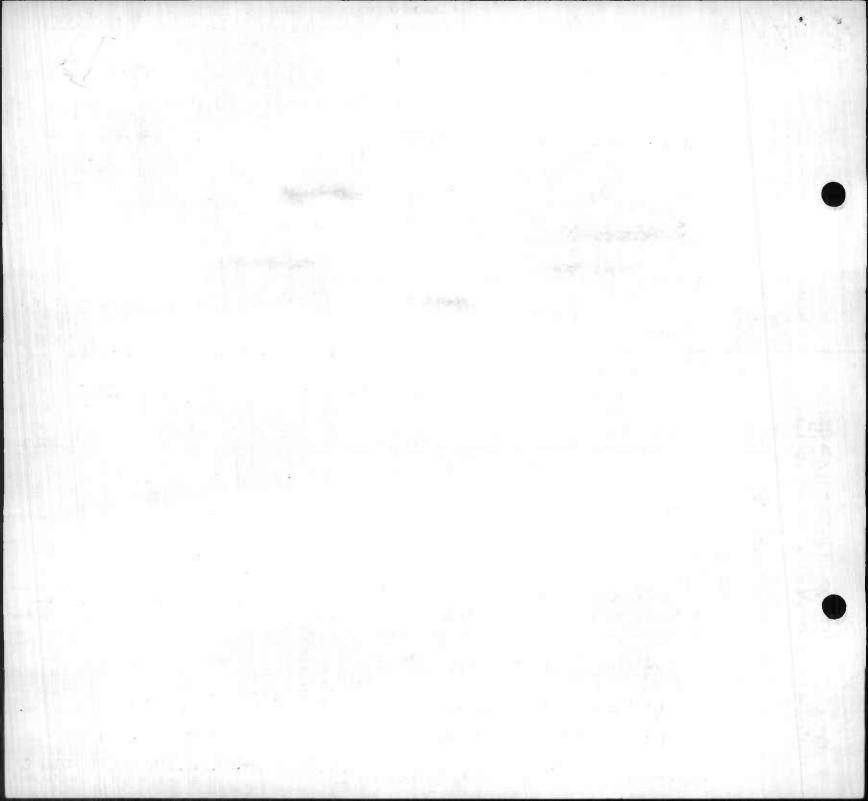
ADDRESS LEVINSON & BROS. INC. 6010 REISTERSTOWN

VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	tributing cause of death mined cause; (5) Deceased gular attendance on the made.

		BALTIMORE CITY	HEALTH DEPARTMENT		CE 0000
BIRTH NO. M.E. CASE NO.	2385	CERTIFICA	TE OF DEATH	Registered No.	65 2385
(Type or Print)		168	3/2	65 1:30	AM. M
HOSPITAL OR	If not in hospital or instituted decision of the second of		MARYLAND	BALTING  utside city limits, write RU	
SINAL H	HOSPITAL		1111	rurol, give location)	27-16
5. SEX 6. RAC		RRIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
M	W	Married		80	
done during most of working I		DEN KEY PRE- FAB HOMES	RUSSIA	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	? GOTTL	iEb	SARA!	7.1	
15. Was Deceased Ever in (Yes, no or unknown) (If yes,	U. S. Armed Forces? give wor or dotes of ser	vice) 16. SOCIAL SECURITY NO. 116-14-0300	Jack Gottlie	b Warren	House Ball, Md.
	CONDITION DIRECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
(This does not mee heart failure, astheri	NG TO DEATH  n lhe mode of dying, o, elc. Il meons the dis n which coused deoth,)	eose,	repuzi 4 prov	nboxs	14 day
	EDENT CAUSES	(B) Ce	rebal Arter	10561910345	>10 413.
	NDITIONS, if ony, re couse (A) sloting DITION lost.				
	CONDITIONS CONTRIB BUT NOT RELATED T TION CAUSING IT.		Wales De	a drétas De	ellitus
19A. DATE OF OPERA		FOR WHICH OPERATION	20A. AUTOPSY! (Yes or N	O) 20B, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING DEATH (notify medico	CAUSE OF	218. PLACE OF INJURY (e.g., i home, form, loctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month OF INJURY (APPROX.)	) (Doy) (Year) (Hour	21E. INJURY OCCURRED  While At Not While Work  Not Work		JURY OCCUR?	
	(this hospital) atten	ded the deceased from	, , ,	19 6 S to Sin	an death occurred on the date
		ve. (1) (We) (dtd) (did not)			
23A. SIGNATURE				M	23 B. DATE SIGNED
1/1/1	WING J. K	OCOLEGO Phy		Stolf Phys.	3/2/65
23C. PHYSICIAN'S NAME (Type)	UN 1.	KORDON M.D.	23D. ADDRESS.	- Hospi	Pol
24A. BURIAL CREMATION REMOVAL (Specily)	1, 24B. DATE	AC. NAME of CEMETERY or CR	EMATORY 24D.		, town, or countyl (State)
BURIAL 25A. DATE REC'D BY HEA	3/4/65	BNAI RUBEN	2SC. FUNERAL DIRECTO	ROSEDALE	MARYLAND
MAR VS 150-REV. 1/1/65	4 1965 R.C	rest. E. Farley H.D.			10 REISTERSTOWN RD



Such

prior to death.

attendance on the

a hospital and

	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 2386	CERTIFICA	TE OF DEATH	Registered No.	<del>- 65 2386 -</del>
M.E. CASE NO.	` _		ND HOUR OF DEATH	1120
(Type or Print) HotenAnd,	HARRY CA	INTOR	3-1-65	P M.
3. PLACE OF DEATH IN BALTIMORE, MARYUAND	The state of the s	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived, if in	stitution: residence before admission)
FULL NAME OF (If not in hospital at institut	ion, give street	md -		27-20
HOSPITAL OR oddress or locotion)	. 1	C. CITY OR TOWN (If o	utside city limits, write I	RURAL ond give tawnship)
Signi Alassi	to	Ba/ +	frural, give location)	
Sinar / To Africa		D. STREET ADDRESS	Surrey I	Dr
5. SEX   6. RACE   7. MARI	HED. NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE 11 Shite WIDO	WED, DIVORCED (specify)	6/12/1993	lost birthday	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or for	eign country	12. CITIZEN OF
done during most of warking life, even if retired)	ECALE CONCEDIES	DUCCTA		WHAT COUNTRY?
SALESMAN WHOL	ESALE GROCERIES	RUSSIA	AME	USA
BENJAMIN HOFFMAN		ESTHER	?	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO NO	213-01-6342	MRS. IDA HOF	FMAN 7010	SURREY DRIVE
18. 422. 1+1260 X	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		1 2 1		ONSET AND DEATH
LEADING TO DEATH  (This does not meen the mode of dying,	e.g., DUE TO	ote Pulmonar	y Edema	6 Ms
heart failuse, asthenia, etc. It means the dise			)	
ANTECEDENT CAUSES	(B)	ASVCD	. m. minikhinida () () () () () () () () () () () () ()	3 400
DISEASES OR CONDITIONS, if any, gi	DUE TO			
rise to the above cause (A) sloting	-	90 mmaa waa a a a a a a a a a a a a a a a	~~&\\\$-\$-\$-\$-\$-\$-\$-\$-\$-\$-\$-\$-\$-\$-\$-\$-\$-\$-\$	150 minorian websit 0 00 000000 000000 000000 00000 11 11 1
UNDERLYING CONDITION lost.	7: (	+ 422 AAA IN F	-	
OTHER SIGNIFICANT CONDITIONS CONTRIBL	Diabe	tes mellito		
TO THE DEATH BUT NOT RELATED TO		hiqus Vu	9 avis	phe year
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19R. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20% AUTOPSY? (Yes or )	IN CERTIFYING CA	FINDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21C WHERE DID	(II in Boltimore	e City, give exact location!
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	hame, form, factory, street, o	ffice bldg., INJURY OCCUR?	(ii iii soiiiiisii	e ony, give exact idealian
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	1
(APPROX.)	White At At Work			/
22. I certify that (1) (this hospital) attend	ed the deceased from	3/1	19 65 to	3/1 19 45
that (1) (we) last saw the deceased alive	on 3/1	19 65 and	that In (my) (aur) apl	nion death accurred on the date
and haur and from the causes stated above	e. (I) (We) (did) (did not)			
23A. SIGNATURE				23B. DATE SIGNED
Richard Devald Shuga	man, M.D. Att.	ending Med. Director	Stoff Phy s.	3/1/65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	, ,	
Richard Gerald She	earm an, M.D.	Sinai H	052, 40	

24C. NAME of CEMETERY OF CREMATORY HAR ZION TIFERETH ISRAEL

ROSEDALE

24D. LOCATION

(Stotel (City, town, or county)

24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 3/2/65 25A. DATE REC'D BY HEALTH DEPT. QF D

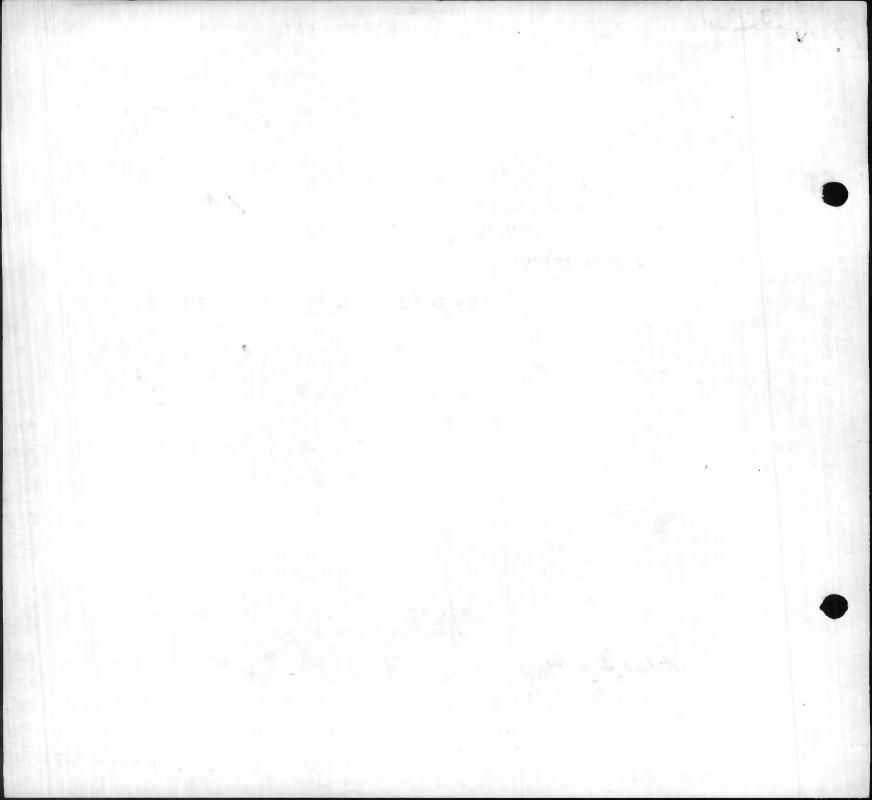
24B. DATE

VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR

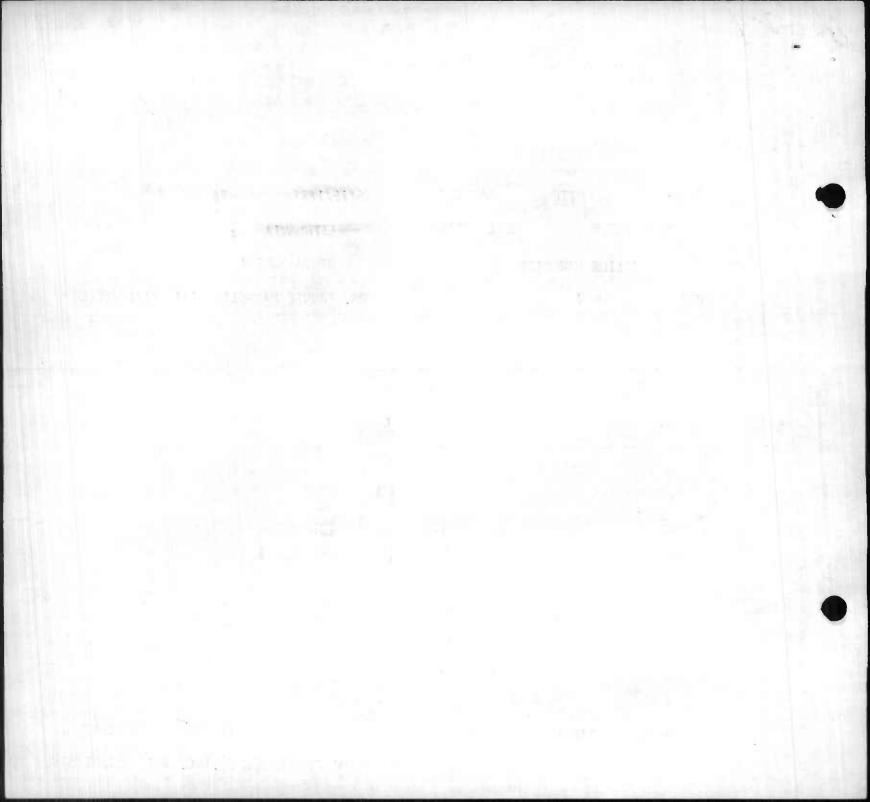
MARY LAND ADDRESS

1965 SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN



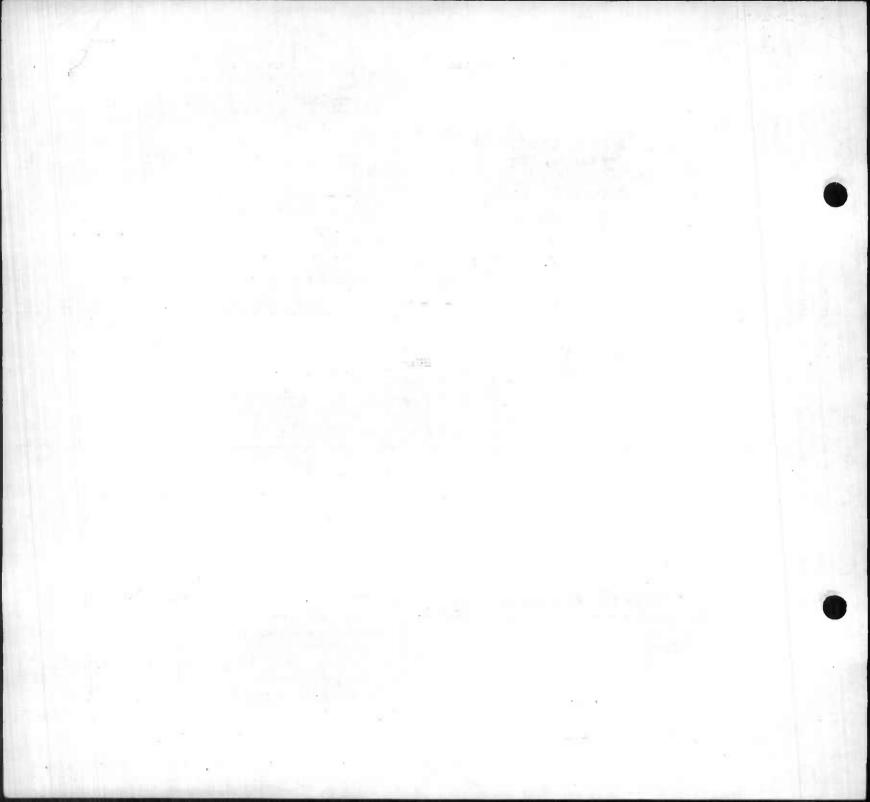
				DALTIMORI	E CITT HEAL	TH DEPARTMENT			(		()()()
ARTH NO.	65	2387		CERTIF	ICATE	OF DEATH	H Re	gistered No	a	55	2387
NAME OF D		111) JAC	OBMA	RGOL	21.		AND HO	UR OF DEAT	Н		20 P
PLACE OF I	DEATH IN BALTIN	AORE MARYLA	I . I LO	Race		UAL RESIDENCE (V			institution: r	esidence t	efore admis
					A, ST	ATE B. CO	YTHUC		/	STOCKE .	10
FULL NAME	OF (If not i	n hospital or in: or location)	stitution, give	street		1ARY LA				) -	10
INSTITUTION		01 1000110117			1	TY OR TOWN (II	10000	ty limits, writ	e RUKAL on	id give low	rnship)
) (	Sinai	Honor	Q-Lis			REET ADDRESS		ive location)	1		
-	O. Cuar	410 2V	project			1101 Be		Dere 1	4101		
. S EX	6. RACE	7 A	A A PRIED NE	VER MARRIED		TE OF BIRTH		(In years		pr 1 Yr.	If Under 24
M		V	WIDOWED, D	IVORCED (spec	ify)		Seat Mi	-h d	Months	Doys H	lours Mi
OF HEHAL DE	CUPATION (Give	HITE	,	RIED		THPLACE (State or		76	12 CIT	ZEN OF	į
lone during most	of working lile, ever							, , , , , , , , , , , , , , , , , , ,	WH	AT COUN	
PR	OPRIETOR		REAL E	STATE	1	LITHUANI,	A			USA	
3. FATHER'S N	AME				14. M	OTHER'S MAIDEN					
	JULIUS	MARGOLIS	S			HINDA MU	IRIEL	?			
5. Wos Deceas	sed Ever in U. S.	Armed Forces?	116	SOCIAL		FORMANT				ADDRES	
YES	wn) (If yes, give www.	1 or dotes of	2 GLAIC GI	SECURITY NO.	MRS	. FANNIE M	IARGOL	IS 4101	BELLE	AVEN	UE
1B. // /			1	CAI	USE OF DEA						L BETWEEN
7 0	ASE OR COND	ITION DIRECT	rt v		A .	- 1	0 1	0 0			ND DEATH
טוטנ			161		Mean	Oni Augo	to	laupli	52.		
	LEADING TO	DEATH		441	14176	Car de la	l h	MILLO			
	nat mean the	made of dyin		DUE 1	10 3	OLO ANO	o ne	CENT			
heort failur		made of dyin	disease,	DUE 1		our Ano	o ne	ecur	)		
heort failur	nat mean the	made af dyin It means the th caused dea	disease,	(8)	ASE		o Ne	elent			
heort failur injury or c	a nat mean the se, asthenia, etc. camplication which ANTECEDENT	made of dying the caused dea	disease, oth,)	(A) DUE 1	ASE			Cent			
heort failur injury or c	and mean the se, asthenia, etc. complication which and a complication which are consistent of the above co	made of dying the chicaused deal CAUSES ONS, if ony, use (A) state	disease, ith.)	(8) DUE 1	A 5 8		ව ග්රේතු සංකුතු සුදහල්ලේ සු සංග් ගෙනද	والمراجعة			
heort failur injury or c	and mean the se, asthenia, etc. amplication which amplication which amplication of the above cannot be above cannot condition.	made of dying the chicaused deal CAUSES ONS, if ony, use (A) state	disease, ith.)	(8) DUE 1	A 5 8	CV	ව ග්රේතු සංකුතු සුදහල්ලේ සු සංග් ගෙනද	والمراقبة			
DISEASES	and mean the se, asthenia, etc. complication which and a complication which are considered by the constant of	made of dying the course dead caused dead caused dead caused dead caused dead caused dead caused and caused the course caused ca	disease, ith.) giving ting the	(8) DUE 1	A 5 8	CV	ව ග්රේතු සංකුතු සුදහලිකුම් සු සංග් ගෙනද	والمراقبة			
DISEASES rise la UNDERLYI	and mean the se, asthenia, etc. camplication which which will be above to the condition of	made of dying the course of th	disease, 1th.) giving ting the	(8) DUE 1	A 5 8	CV	ව ග්රේතු සංකුතු සුදහලිකුම් සු සංග් ගෙනද	والمراقبة			
DISEASES tise la UNDERLYI  OTHER SIC TO THE DISEASE C	and mean the se, asthenia, etc. complication whice ANTECEDENT OR CONDITION The abave cand CONDITION TO CONDIT	made of dying the course of th	giving ting the	(8) DUE 1	A 5 6	CV	r No) 208.	tF YES, WER	RE FINDINGS	S CONSID	ERED
DISEASES tise la UNDERLYI  OTHER SIC TO THE DISEASE C	and mean the se, asthenia, etc. complication whice ANTECEDENT OR CONDITION The abave cand CONDITION TO CONDIT	made of dying the course of th	giving ting the	(B)	A 5 6	ND .	r No) 208.		RE FINDINGS	S CONSID DEATH?	ERED
DISEASES tise la UNDERLYI  OTHER SIG TO THE DISEASE G 19A-DATE	and mean the se, asthenia, etc. complication which and condition the above condition of the	made of dying the means the character of the course dead CAUSES DNS, if ony, use (A) slate Nost.  DITIONS CONTINUE RELATED AUSING IT.  119B. CONDITION AS PERFORM	giving ting the  TRIBUTING TO THE  ON FOR WHI	(B) DUE 1 (C) CH OPERATION	A 5 6	A. AUTOPSY? (Yes or	r No) 208.	IF YES, WEF	RE FINDINGS	DEATH?	
DISEASES tise la UNDERLYI  OTHER SIG TO THE DISEASE CO 19A-DATE  21A-ACCII OR CONTRO	and mean the se, asthenia, etc. complication whice ANTECEDENT OR CONDITION The abave cand CONDITION TO CONDIT	made of dying made of dying lit means the chicaused dea CAUSES  ONS, if ony, use (A) state of the control of the chicause of the chicause of the control of the chicause of the control of the control of the control of the chicause of the c	giving ting the  TRIBUTING TO THE  ON FOR WHI	(B) DUE 1 (C) CH OPERATION	A 5 6	A. AUTOPSY? (Yes or	r No) 208.	IF YES, WEF	RE FINDINGS CAUSES OF	DEATH?	
DISEASES fise la UNDERLYI  OTHER SIC TO THE DISEASE ( 19 A-DATE OR CONTR DEATH (no	and mean the se, asthenia, etc. camplication which which will be above and CONDITION C	made of dying the man of the course dead causes on the course of the cou	giving ting the  TRIBUTING TO THE  ON FOR WHIMED  21 B. PL. home, etc.)	(B) DUE 1 (C) CH OPERATION	Y (e.g., in or obtreet, office bla	A. AUTOPSY? (Yes or	r No) 208.	tF YES, WER CERTIFYING (	RE FINDINGS CAUSES OF	DEATH?	
NOTHER SIGNATE DISEASE (19 A ACCILI DISEASE (19 A ACCILI DISEASE (19 A ACCILI DEATH (no 21 D. TIME OF INJURY)	and mean the se, asthenia, etc. camplication which which will be above and CONDITION C	made of dying the man of the course dead causes on the course of the cou	giving ting the  TRIBUTING TO THE  ON FOR WHI MED  218. PL. home, etc.)	(B) DUE 1  (C)  CH OPERATION  ACE OF INJURY form, foctory, st  JURY OCCURRE	Y (e.g., in or obtreet, office blo	A. AUTOPSY? (Yes or out 21 C. WHERE DIE	r No) 208.	tF YES, WER CERTIFYING (	RE FINDINGS CAUSES OF	DEATH?	
DISEASES rise la UNDERLYI  OTHER SIC TO THE DISEASE ( 19A. DATE  21A. ACCII OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.)	and mean the se, asthenia, etc. complication which which will be above and an arrangement of the above condition o	made of dying the man of the course dead causes on the course of the cou	giving ting the  TRIBUTING TO THE  ON FOR WHI MED  21B. PL. home, etc.)	(B) DUE 1  (C)  CH OPERATION  ACE OF INJURY  form, foctory, st  JURY OCCURRE	Y (e.g., in or obtitreet, office bloomer)	A. AUTOPSY? (Yes or out 21 C. WHERE DIE	r No) 20B. IN (	IF YES, WER CERTIFYING ( (If in Boltin	RE FINDINGS CAUSES OF	DEATH?	ocotion)
NOTHER SIGNATION OF CONTROL OF CO	and mean the se, asthenia, etc. complication which which will be above and CONDITION CONDITION CONDITION CONDITION CONDITION COF OPERATION CONDITION CONDITI	made of dying the means the chicaused dea CAUSES ONS, if ony, use (A) slate Not RELATED AUSING IT.  198. CONDITIONS CONTINUE TRELATED AUSING IT.  198. CONDITIONS PERFORM  ERLYING SE OF inerty  y) (Year) (High Austral) att	giving ting the  TRIBUTING TO THE  ON FOR WHI MED  21B. PL. home, etc.)  Out) 21E. IN While work	(B) DUE 1  (C)  CH OPERATION  ACE OF INJURY  form, foctory, st  JURY OCCURRE	Y (e.g., in or obtreet, office bla	A. AUTOPSY? (Yes or out 21C. WHERE DIE 19., INJURY OCCUR	1 No.   208. IN O	tF YES, WER CERTIFYING ( (If in Boltin CCUR?	RE FINDINGS CAUSES OF	Ve exoct lo	19 <u>6</u>
NOTHER SIGNATION OF CONTROL OF CO	and mean the se, asthenia, etc. complication which which will be above and an arrangement of the above condition o	made of dying the means the chicaused dea CAUSES ONS, if ony, use (A) slate Not RELATED AUSING IT.  198. CONDITIONS CONTINUE TRELATED AUSING IT.  198. CONDITIONS PERFORM  ERLYING SE OF inerty  y) (Year) (High Austral) att	giving ting the  TRIBUTING TO THE  ON FOR WHI MED  21B. PL. home, etc.)  Out) 21E. IN While work	(B) DUE 1  (C)  CH OPERATION  ACE OF INJURY  form, foctory, st  JURY OCCURRE	Y (e.g., in or obtreet, office bla	A. AUTOPSY? (Yes or out 21C. WHERE DID in JURY OCCUR	r No) 20B. IN (	tF YES, WER CERTIFYING ( (If in Boltin CCUR?	RE FINDINGS CAUSES OF	Ve exoct lo	19 <u>6</u>
NOTHER SIGNATE  OTHER	and mean the le, asthenia, etc. complication which which will be a complicated by the above cannot be a condition of the above cannot be a condition of the con	made of dying the means the character of the caused dea CAUSES  ONS, if ony, use (A) slate of the caused of the ca	giving ting the  TRIBUTING TO THE  ON FOR WHI WED  21 B. PL. home, etc.) 21 E. IN White Work	(B) DUE 1  (C)  CH OPERATION  ACE OF INJURY form, foctory, st  JURY OCCURRE  AI Aced Aced Aced Aced Aced Aced Aced Aced	Y (e.g., in or obtreet, office ble	A. AUTOPSY? (Yes or out 21C. WHERE DIE 19., INJURY OCCUR	7 No) 208. IN (D.	tF YES, WER CERTIFYING ( (If in Boltin CCUR?	RE FINDINGS CAUSES OF note City, give	ve exoct lo	19 G
DISEASES fise la UNDERLYI  OTHER SIG TO THE DISEASE (CONTROL OF CONTROL OF INJURY (APPROX.)  21. I certit than (II) w	and mean the le, asthenia, etc. complication which which will be a complicated by the above cannot be a condition of the above cannot be a condition of the con	made of dying the means the character of the caused dea CAUSES  ONS, if ony, use (A) slate of the caused of the ca	giving ting the  TRIBUTING TO THE  ON FOR WHI WED  21 B. PL. home, etc.) 21 E. IN White Work	(B) DUE 1  (C)  (C)  (CH OPERATION  ACE OF INJURY form, foctory, st  JURY OCCURRE  AI	Y (e.g., in or obtreet, office blatter)  N	A. AUTOPSY? (Yes or out 21 C. WHERE DID 19, HNJURY OCCUR 21 F. HOW DID 21 G. and one body after dear	INJURY O	tF YES, WER CERTIFYING ( (If in Boltin CCUR?	RE FINDINGS CAUSES OF note City, give	Ve exoct lo	19 G
NOTHER SIGNATE  OTHER	and mean the le, asthenia, etc. complication which which will be a complicated by the above cannot be a condition of the above cannot be a condition of the con	made of dying the means the character of the caused dea CAUSES  ONS, if ony, use (A) slate of the caused of the ca	giving ting the  TRIBUTING TO THE  ON FOR WHI WED  21 B. PL. home, etc.) 21 E. IN White Work	(B) DUE 1  (C)  CH OPERATION  ACE OF INJURY form, foctory, st  JURY OCCURRE  AI Aced Aced Aced Aced Aced Aced Aced Aced	Y (e.g., in or obtreet, office blatter)  N	A. AUTOPSY? (Yes or out 21 C. WHERE DID 19., INJURY OCCUR 21 F. HOW DfD	7 No) 208. IN (D.	tF YES, WER CERTIFYING ( (If in Boltin CCUR?	RE FINDINGS CAUSES OF note City, give	ve exoct lo	19 G
NOTHER SIGNATE  OTHER	and mean the le, asthenia, etc. complication which which will be a complication of the above completely of the above completely of the above completely of the completely of the above completely of the completely of	made of dying the means the character of the caused dea CAUSES  ONS, if ony, use (A) slate of the caused of the ca	giving ting the  TRIBUTING TO THE  ON FOR WHI WED  21 B. PL. home, etc.) 21 E. IN White Work	(B) DUE 1  (C)  (C)  (CH OPERATION  ACE OF INJURY form, foctory, st  JURY OCCURRE  AI	Y (e.g., in or obtiteet, office blacet While twork and two the	A. AUTOPSY? (Yes or out 21C. WHERE DID 11) INJURY OCCUR 21F. HOW DfD 19 Q and we body after deat	INJURY O	tF YES, WER CERTIFYING ( (If in Boltin CCUR?	RE FINDINGS CAUSES OF note City, give	ve exoct lo	19 6
NOTHER SIGNATE  OTHER	and mean the le, asthenia, etc. complication which which will be above and CONDITION CONTROL C	made of dying the means the character of the caused dea CAUSES  ONS, if ony, use (A) slate of the caused of the ca	giving ting the  TRIBUTING TO THE  ON FOR WHI WED  21 B. PL. home, etc.) 21 E. IN White Work	(B) DUE 1  (C)  (C)  (CH OPERATION  ACE OF INJURY form, foctory, st  JURY OCCURRE  AI	Y (e.g., in or obtiteet, office blacet While twork and two the	A. AUTOPSY? (Yes or out 21 C. WHERE DIE 1NJURY OCCUR 21 F. HOW DfD  19	INJURY O	tF YES, WER CERTIFYING ( (If in Boltin CCUR?	RE FINDINGS CAUSES OF note City, give	ve exoct lo	19 6
NOTHER SIGNATOR CONTRACTOR CONTRA	and mean the le, asthenia, etc. complication which which will be above and CONDITION C	made of dying the means the character of the caused dea CAUSES  ONS, if ony, use (A) slate of the caused of the ca	giving ting the  TRIBUTING TO THE  ON FOR WHI WED  21 B. PL. home, etc.)  21 E. IN While Work  Itended the live an	(B) DUE 1  (C)  (C)  (CH OPERATION  ACE OF INJURY form, foctory, st  JURY OCCURRE  AI	Y (e.g., in or obtreet, office blacet, office blacet)  ED  ot While the thing phys.  Attending phys.  M.D.  Attending the control of the cont	A. AUTOPSY? (Yes or out 21 C. WHERE DID. 19.	INJURY O	IF YES, WEF CERTIFYING (If in Boltim CCUR?	RE FINDINGS CAUSES OF note City, give	ve exoct lo	19 6
NOTHER SIGNATOR CONTRIBUTION OF CONTRIBUTION O	and mean the le, asthenia, etc. complication which and the le, asthenia, etc. complication which and the le an	made of dying the means the chicaused dea CAUSES  ONS, if ony, use (A) slat N lost.  DITIONS CONTINOT RELATED AUSING IT.  119B. CONDITION SE CONTINOT RELATED (WAS PERFORM 11)  PROPERTY (MASTER)  TO SE OF (Master)  The deceased of the continon of the cont	giving ting the  TRIBUTING TO THE  ON FOR WHI WED  21B. PL. home, etc.)  10ut) 21E. IN While Work  Itended the live an	(B) DUE 1  (C)  (C)  (C)  (CH OPERATION  ACE OF INJURY  form, foctory, st  JURY OCCURRE  AI A  A  A  deceased fram  A  deceased fram  A  Me) (did) (did	Y (e.g., in or obtreet, office blace)  ED  of While to the total t	A. AUTOPSY? (Yes or out 21 C. WHERE DID. 19.	INJURY O	IF YES, WEF CERTIFYING (If in Boltim CCUR?	RE FINDINGS CAUSES OF DOTE City, give 23B. DA	ve exoct lo	19 Gred an the

VS 150-REV. 1/1/65



9%	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death I shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.
) =	irect or contributive (4) Undetermined was in regular the deceased Fisposition is made
FUNERAL DIRECTOR: IMPORTANT	ner or his assistan er. Also, if the d cture of any kind; pronounced death ar attendance or balmed or final d
RAL DIRECTO	f medical examinated burns; (3) A fraghtsician who proposed in regulates are emains
FUNE	approved by the chief to the hospital by a fany nature; (2) Body I (except where the i); and (6) No physicise obtained before the
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined causwas D.O.A. at a hospital (except where the physician who pronounced death was in regular attedeceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.

M.E.	0.00	BALTIMORE CITY	HEALTH DEPARTMENT		65 2388
	4 NO. 65 2388	CERTIFICA	TE OF DEATH	Registered No.	65 2388
	Ame of Deceased  Anthony	orcella		1, 1965	12:40 P.
FU	ULL NAME OF (If not in hospital or institute oddress or location)	ion, give street	4. USUAL RESIDENCE (Where A. STATE B. COUNT Maryland C. CITY OR TOWN (If outsi		500
IN	Baltimore City 4940 Eastern Av	-	Baltimore	rol, give location)	AL one give township/
	Baltimore, Mary	land 21224	3624 Ravenwood	Avenue #212	
-	Male White Div	NED, NEVER MARRIED (Specify) OFCED (Specify)	9-2-02	st birthdoy) N	1 Under 1 Yr. If Under 24 Hours Min.
one	USUAL OCCUPATION (Give kind of work 108, KINE during most of working life, even if retired) Pinkerton Guard	OF BUSINESS OR INDUSTRY	Maryland		U. S. A.
3. F	Anthony J. Por	cella	Elizabeth Pike		
5. W Yes,	Vos Deceosed Ever in U. S. Armed Forces? .no or unknown! (II yes, give wor or dates of servi	ce) 16. SOCIAL SECURITY NO. 217-05-0014	17. INFORMANT RECORDS: BCH:	4940 Eastern	ADDRESS  Avenue #21224
	injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating UNDERLYING CONDITION lost.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
RTIFICATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED SES OF DEATH?
AL CERTIFIC	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION F	THE	in or about 21C. WHERE DID		DINGS CONSIDERED ES OF PEATH? YES ity, give exact locotion)
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, foctory, street, c	in or obout 21C. WHERE DID INJURY OCCUR?	(II in Boltimore C	IES ity, give exact location)
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Day) (Year) (Hour) (APPROX.)  22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive	THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)  21E. INJURY OCCURRED  While A1 Not White A1 Work  ed the deceased from Fee on March 1,	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  Druary 25, 19	(II in Boltimore C	ity, give exect locotion)
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) (Hour)  21 D. TIME (Month) (Day) (Year) (Hour)  22 L certify that (1) (this hospital) attend that (1) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE	THE  OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not White At Work  ed the deceased from Fe on March 1,  e. (I) (We) (did) (did not)	oruary 25. 19  19  65  19  65  19  65  19  65  19  65  19  65  19  65  19  65  19  65  19  66  19  66  19  66  19  66  19  66  19  66  19  66  19  66  19  66  19  66  19  66  19  66  19  66  19  66  19  66  19  66  66	RY OCCUR?  65 to March tin(my) (our) opinio	ity, give exect locotion)
MEDICAL CERTIFICATION OF THE CATION OF THE C	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) (Hour)  21 D. TIME (Month) (Day) (Year) (Hour)  22 L. I certify that (1) (this hospital) attend that (1) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE	THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not White At Work  ed the deceased from Fe on March 1,  e. (I) (We) (dld) (dld not)  M.D. At Ph.	21F. HOW DID INJURY OCCUR?	RY OCCUR?  65 to March tin (my) (our) opinio	ity, give exect locohon)  1 1, 1965  on death occurred on the death occurred and the death
MEDICAL CERTIFIC	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION F WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) (APPROX.)  22. I certify that (I) (this hospital) ottend that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Dr. C. Robert	THE  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not White At Work  ed the deceased from Fe on March 1,  e. (I) (We) (dld) (dld not)  M.D. At Ph.	21F. HOW DID INJU  23F. HOW DID INJU  24D. LO  EMATORY  24D. LO	RY OCCUR?  0.65 to March r in (my) (our) opinion the hys. X	ity, give exect locohon)  1 1, 1965  on death occurred on the observation of the local state of the local st



of death

cause

hospital

ō =

occurred

Sucl

eath.

0

0

prior

deceased

the

attendance any

ar

regul

=

Was

death 0

pronounced

who are

physician

(except where

kind;

of

fracture

ල

burns;

(2) Body

any nature;

An accident of

certificate must

is made. regular

disposition

final

0

embalmed

the remains

be obtained before

physician was

ŝ

9

; and

death) hospital

0

0 to

o

shows: was D.

deceased prior to written approval

must

5. SEX

LO

ance

attend

				BALTIMORE CITY	HEALTH DEPARTMENT		05 0000
	H NO. 65	2389		CERTIFICA	TE OF DEATH		65 2389
	AME OF DECEA	SED	100		2. DATE	AND HOUR OF DEATH	
Тур	e or Print)	Francis	G.U	1/200	ma	Ach 2, 196	5 5130 AM
3. P	LACE OF DEATH		YLAND		4. USUAL RESIDENCE (W	here deceased lived. If ins	itution; residence before odmission)
/ F	ULL NAME OF IOSPITAL OR NSTITUTION	(If not in hospital o		ve street	marylan		JRAL ond give township)
				1		(If rural, give location)	
(	Union	Memoi	-1a/ A	lespital	2405 +1	eex-wood	e Aus
5. S	EX M	RACE		DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		ATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
done	during most of wo	rking life, even if retired)	1	- 0 1.	001		WHAT COUNTRY?
1	Engin	eer	Bendi	y Rodio	Rockesh	en nu	USA
13.	FATHER'S NAME	- Art Street	441		14. MOTHER'S MAIDEN N	AME	
	Ange	10 Gu/10	rce		Rasina 6	Ulitano	
15. \ (Yes	Nos Decedred En	ver in U.S. Armed Ford f yes, give wor or dote:	es? of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	/.	ADDRESS
	Yes	WWI	7		Anne E.	Gullace - Wi:	le-Same-
	18./420.	/		CAUSE OF	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
T		OR CONDITION DIR	ECTLY	(a) Cly	mary aceli	in on left	
	heart failure, as	mean the made al sthenia, etc. It means ication which caused	the disease,	auto	rios des ser	ighimp resid	nt.
	AN	ITECEDENT CAUSES		(B)			
	rise to the	CONDITIONS, if abave cause (A)		(c) M1	jacurdial	infirst	acrite

DISEASE OR CONDITION DIREC LEADING TO DEATH (This does not mean the made at d heart failure, asthenia, etc. It means th injury ar complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if an to the above cause (A) UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour)

Not While

(APPROX.) Work Al Work 22. I certify that \$\forall (this hospital) attended the deceased from that (f) (we) last sow the deceased alive an ond that in (my) (our) apinion death occurred on the date

and hour and from the courses stated above. An (We) (did) (did) wiew the hady after death

While At

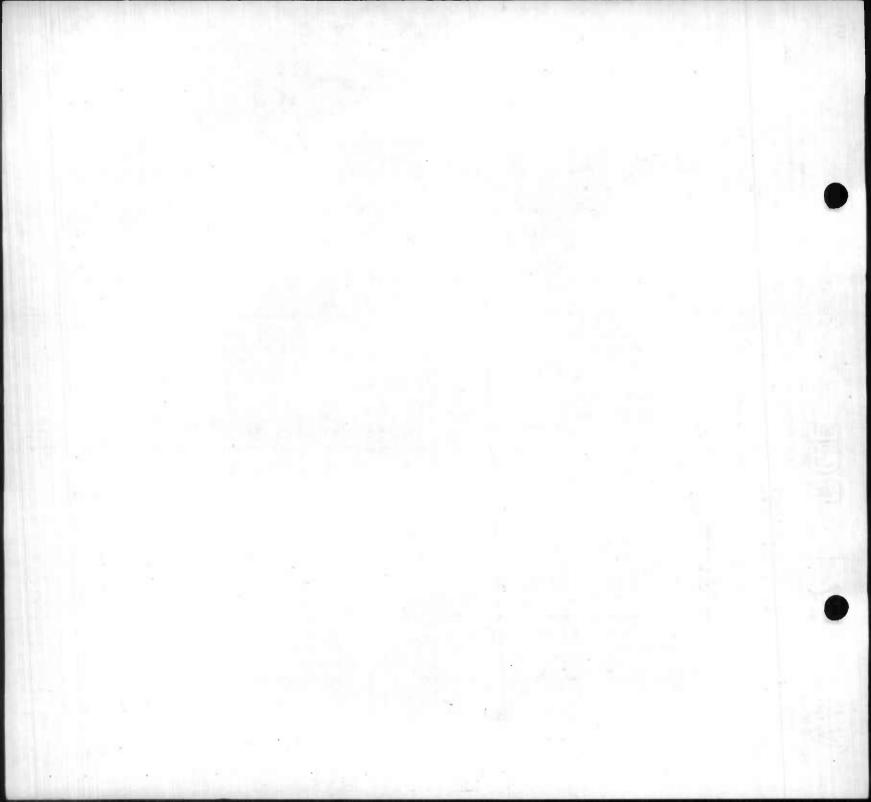
23A. SIGNATURE					23B, DATE SIGNED
Musim R. Colien	M.D.	Attending Phys.	Med. Director	Stoff Phys.	3-2-65
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRES	is •		111 110

			M.D.	Union	memor	1001	HESPA	al	0
4A	REMOVAL (Specify) 248. DATE	24C. NAME of CEMETERY	or CREA	MATORY	24D. LOCATION	(City,	town, or county)	-7	(Stote
1	2 - 1-12-								

Moran Inc.

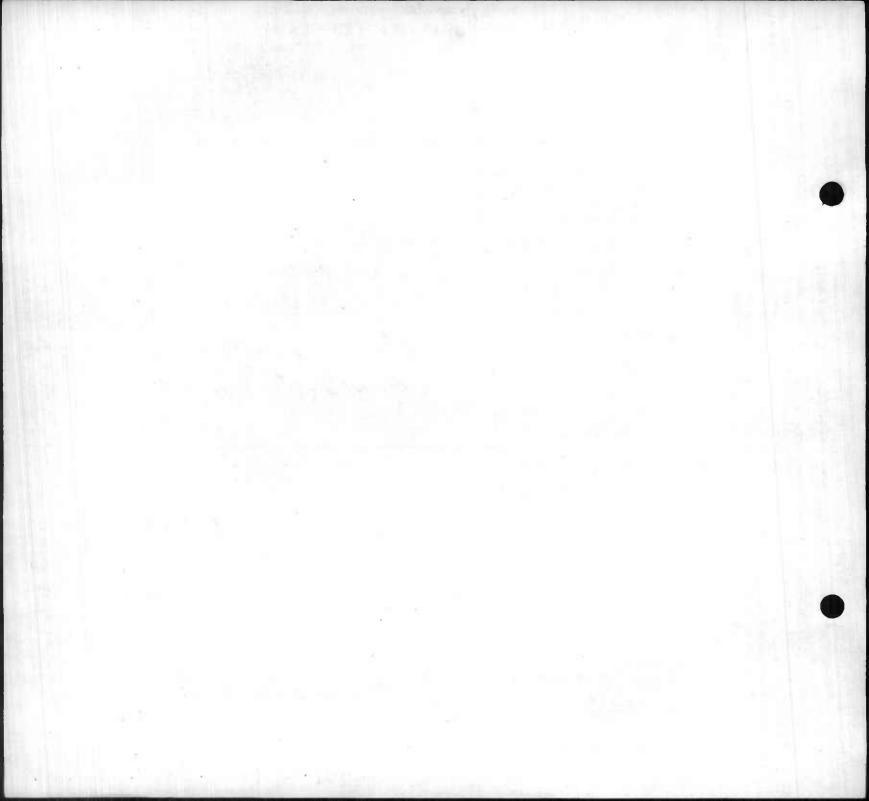
VS 150-REV, 1/1/65

OF INJURY



1	/		5	-(	۳	
1	9	4	P	9	ch.	
	0	eat	950	+	Su	
	=	O	60	uc		
	=	of	De	0	i h	
	35	0	3	nc	90	
	ž	US	3	9	0	
	0	0	Se	Le	5	9
	Ξ.	5	O	#	-0	1
	Pe	Ē	P	_	pri	
	E	bu	P	0	_	D
	2	Ţ	=	90	500	E
_	o	PO	10	7	00	2
	÷		Jet	=	96	0
	9	0	Juc	S	ס	=
	4.	to	3	3	he	000
	-	ire	2		-	S
Z	an	P	P	at	0	0
1	IST	he	F.	9 p	90	ם
S.	355	+	>	7	G	7
P	5	-	0	Ce	Pu	0
3	7	50	of	5	He	Pe
-	ō	4	10	0	0	Ε
FUNERAL DIRECTOR: IMPORTANT	ler	9.	t C	010	10	pq
ō	-=	Ë.	P	-	2	E
5	9	E	A	À	9	0
H	×	X	3	3	_	0
=	0	_	÷	an	-=	ПS
-	d:	100	'ns	1015	0	0
A	P	Pe	20	hy	>	en
8	+	E	7	۵	D	0
Z	h:	0	po	he	Sic	÷
5	0	7	8	+	hy	re
1.	h	_	2	916	0	e fo
	>	ita		÷	ž	þ
	P	Sp	2	>	3	pe
	9/	h	Du	de	-	Ë
	0	94	>	X	an a	bto
	pp	+	and	9		0
	0	7	of	0	3	ğ
	ğ	9	u	pit	901	JSt
	JSt	903	de	9	P	Ē
	Ε	10	cci	A L	0	5
	10	S	0	11	0	10
	ica	NO	A	1	pr	b
	111	1	$\Xi$	J.A	P	a
	9	po	:5	D.C	356	en
	S	9 6	3	2	90	=
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death.Such 🚅	written approval must be obtained before the remains are embalmed or final disposition is made.

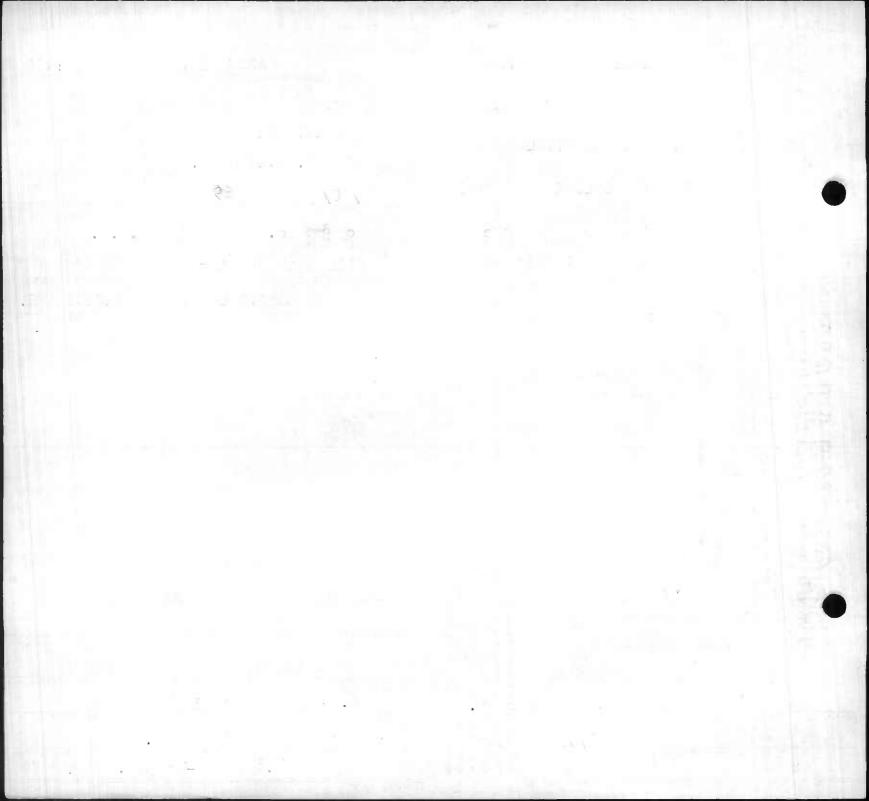
	0 =	BALTIMORE CITY	HEALTH DEPARTMENT		0-
	th NO. 65 2390 E CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	65 2390
1.1	IAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Ту	Ida Marie Allen		Marc	h 3. 1965	4 A.M. M.
	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. Il in	stitution: residence before admission)
			A. STATE B. COUN	0	1-10
	FULL NAME OF (the notion has been described by the first that the has been described by the first that the firs	tion, give street	C. CITY OR TOWN (11 out	and a six districts	0-10
	NSTITUTION		0 1	iside city limits, write i	RURAL and give township)
1 4	louse in the pines - Be	lain	Baltimore D. STREET ADDRESS (1)	rural, give location)	
1	ouse at all pares be	acc c	625 N. Bouldis		
5.		RIED, NEVER MARRIED OWED, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	ff Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
1	emale White Win	dowed	3/18/96	68	
	USUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if retired)		11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
901	ousewile		Baltimana Ma	nuland	USA
13.	FATHER'S NAME		Baltimore, Mai	ME	45/1
				4.	
X	maxxx Harry Emge		XXXXXXXXXXX	Mary Line	1
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of sen	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS ston, Md
	No	220-14-1902	Mr. William 1	Allen Roy 27	
	18. 4 34 4	CAUSE 0		men wiz/	INTERVAL BETWEEN
	TOT!	0.000			ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	D	0	01.	7-11-colo-
	(This does not meon the made of dying,	e.g. DUE TO	lmonary -	edequa	7 weeks
	heart failure, asthenia, etc. ft means the dis				
	injury ar camplication which caused death.)	60	rdiac Dec	measal	3 mente
	ANTECEDENT CAUSES	DUE TO		f	
		iving			
	rise to the abave couse (A) stoting UNDERLYING CONDITION fast.	the (C)	**************************************		
	11				
Z	OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			10.74
ATIO	TO THE DEATH BUT NOT RELATED TO	THE			
CA	19A. DATE OF OPERATION 1198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES. WERE F	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING CAL	USES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Rollimore	City, give exact location)
AL (	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	III DOININGTO	
U	DEATH (notify medical examiner)	erc.,			
MEDI	OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)	While At Not Whit	•		
			Tune	La .	211-1
	22. I certify that (1) (this hospital) attend	ded the deceased from March	per de	190 ta	1969
	that (I) (we) lost saw the deceased alive	an march 2	1963 and th	at in(my) (aur) api	nian death accurred on the date
	and haur and from the causes stated aba	ve. (1) (We) (did) (did nat) v	iew the body ofter death.		
	23A. SIGNATURE	212			23 B. DATE SIGNED
1	Charles & Mac Mer	M.D. AHE	mdings Med.	Stoff	March 4, 1965
,	23 C. PHYSICIAN'S		s. Director 23D. ADDRESS	Phy s.	700
	NAME (Type)	11	0/1	-11-55	
	CHARLES C. MACI	VINN, MP M.D.	2900 613	200 37	
24/	A. BURIAL CREMATION, 248. DATE 2. REMOVAL (Specify)	C. NAME of CEMETERY of CRE	MATORY 24D. L	OCATION (Ci	ty, town, or county) (State)
		Paltimore, (emet	Ponii Ral	timore, Mar	ryland
254		ME OF AEGISTIFAR A	25C. FUNERAL DIRECTOR	millore, mar	ADDRESS
	MAR 4 1965 R.C.	of E. Jankey M.A	01 0 0		CANUESS
		and the same	John H. alore	n, Inc. 300	10 E. Balto, St.
VS	150-REV. 1/1/65	and the same of th	Event Call		



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (5) Deceased U
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

G

	0004	BALTIMORE CIT	Y HEALTH DEPARTMENT		CE 0204
M,I	th NO. 65 2391 e case NO.	CERTIFICA	ATE OF DEATH	Registered No.	
	Pe or Print) GREEN, MED	ITH		ARCH 3 19	
3.	PLACE OF DEATH IN BALTIMORE, MARYLANI	/		ere deceased lived. If i	nstitution: residence before odmission)
١,	FULL NAME OF (If not in hospital or insti	lution give street	MD & COOL	NII	2006
	HOSPITAL OR oddress or locotion)	orion, give sheer		stside city limits, write	RURAL and give township)
)			BALTIMORE		
	ST AGNES HOSPITAL			rurol, give location)	
			247 S. HII		
), :	F COLORED 7. MA	WYDO WE MARRIED (specify)	3/20/1895	lost birt 9.	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min,
	LUSUAL OCCUPATION (Give kind of work 10B, KI	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	10	Iome	Howard Co.	Maryland	U.S.A.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Henry SIMPSON		Elizabeth I	Rollins	
5.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown)(If yes, give war or dates of se	1 6, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
.16	s, no or unknown fit yes, give wor or doles or se	SECURITY NO.	ST AGNES HOSE	PITAL CATO	N & WILKENS AVE
	18. 33	CAUSE	OF DEATH	11300	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		(	0	011
	(This does not mean the mode of dying,	e.g., DUE TO	ebeal besce	Ver acci	604 1-50-65
	heat failure, asthenia, etc. It means the di injury or complication which coused death.	sease,	0 1-	,	
	ANTECEDENT CAUSES	(B) Q	ebeal seesce	e desce	100 (43 days
	DISEASES OR CONDITIONS, if ony,				1
	rise to the above cause (A) stating				
	UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
CA	19A. DATE OF OPERATION 19B. CONDITION		20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORME	D	VO	IN CERTIFYING CA	AUSES OF DEATH?
AL CE	21 A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	office bldg., INJURY OCCUR?	(II in Boltimo	re City, give exoct locotion)
U			215 11014 212 11		
MEDI	OF INJURY (Month) (Doy) (Year) (Hou	While At Not W	21F. HOW DID IN	JURY OCCUR?	
	(APPROX)	Work At Wor	k 🗀		
	22. I certify that (I) (this hospital) atte		0 / 0	19 65 to K	KB MARCH 3 19 65
	that (1) (we) last saw the deceased aliv	e on MARCH	3 19 65 and th	hat in (my) (our) op	inion death occurred on the dat
	and hour and from the causes stated ab	ove. (1) (We) (did) (did not)	view the body after death.		
	23A. SIGNATURE				238, DATE SIGNED
	1000 in 1000 con (		ttending Med. Director	Stoff Phys.	3-3-66
	23C.PHYSICIAN'S NAME (Type)	, 5	23D. ADDRESS		
	William Allan Des	m In M.E	St. Agnes H	lospital	
24/	A. BURIAL CREMATION, 24B. DATE	24C, NAME OF CEMETERY OF C			ity, town, or county) (Stote)
	Burial 3/7/65	Waster Ot.	(Y	Roltimono	Co Hammiland
25/	7/1/0/	Western Star	Cemetery 25c. FUNERAL DIRECTO		Co. Naryland
	MAR 4 1965 10 0	OF & FOR DELMAN	Herbart E.	Hutter-3	035 W. North Ave
	150-REV. 1/1/65	SOLO CIT MENGON,	8-10		



Also, if the direct or contributing cause

examiner.

the body was released to the hospital by a medical

this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Such was in regular attendance on the of death

to death.

prior

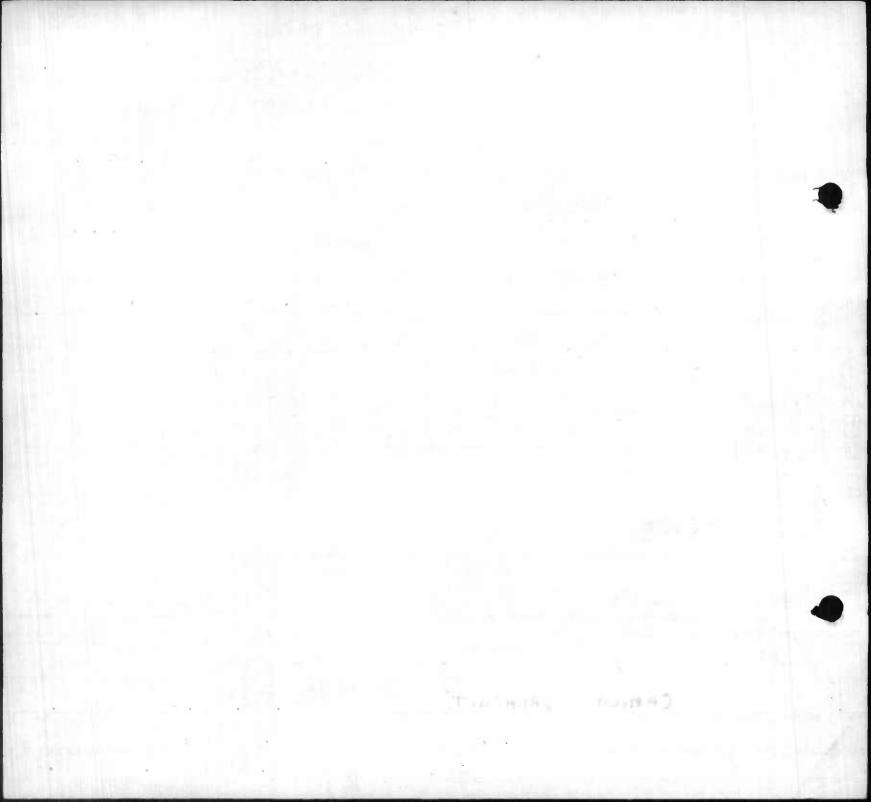
was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased pridecased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

(300)

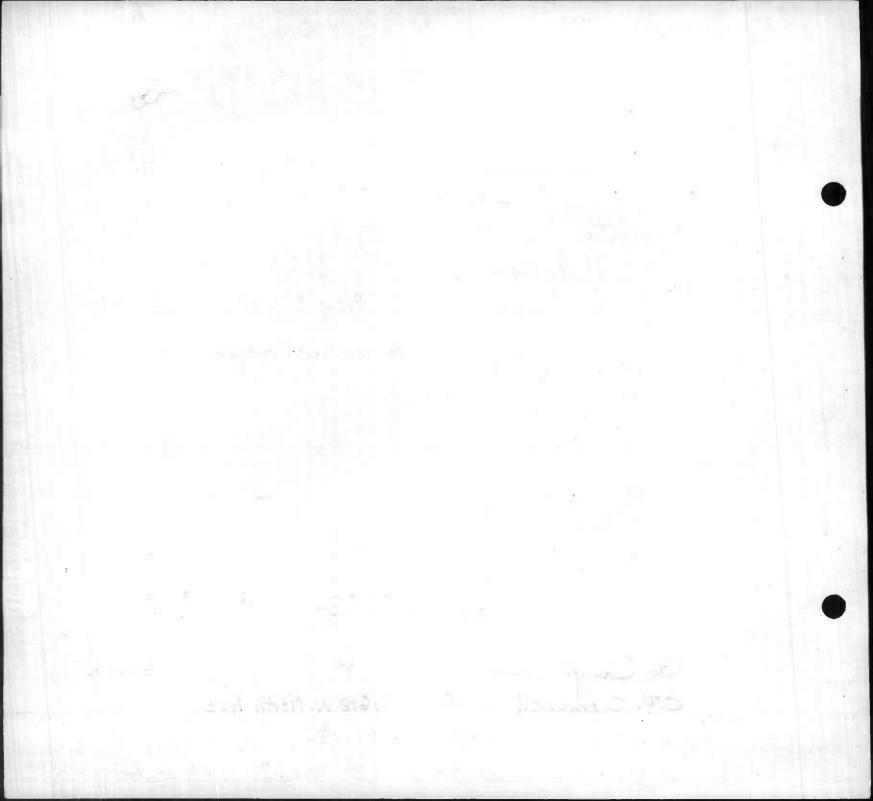
	H NO. 65	5 2392		CERTIFICA	TE OF DEATH	Registered No	b0 6336
1, N	CASE NO. AME OF DECEA or Print)	Joseph	Parke	r	2. DATE AN 3/2/	D HOUR OF DEATH	1 2:15 p.
3. PI	LACE OF DEAT	H IN BALTIMORE, MAR				e deceased fived. Il in:	stitution: residence belore admission)
H	ULL NAME DF OSPITAL DR ISTITUTION	(If not in hospitot a address or location)		on, give street	Maryland c. city or fown (11 out	side city limits, write R	CURAL ond give tawnship)
S	outh Ral	timore Gener	al Ho	spital	34 W. West Str	eet Bal	to. 30, Md.
5. \$1			7. MARR WIDO	IED, NEVER MARRIED WED, DIVORCED (specily) Jidow	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	II Under 1 Yr. II Under 24 His. Months Doys Hours Min.
tóà.	USUAL OCCUP	ATION (Give kind of work rking tife, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lorein	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S NAMI				14. MOTHER'S MAIDEN NAM	AE	" }
	To one valo	Li Dowlson			Mary Gales		
15. V	Vas Deceased E	W. Parker	es?	1 6. SOCIAL	17. INFORMANT	3.	ADDRESS
(Tes,	No	If yes, give wor or dotes	of Servi	SECURITY NO.	Annie M. Jo	hnson 2511	W. Fairmount
CERTIFICATION	(This does not head failure, a injury of camping of the composition of	OR CONDITION DIRI EADING TO DEATH I mean the made af sthenia, etc. If means lication which caused NTECEDENT CAUSES CONDITIONS, if a abave cause (A) CONDITION fast.  II CANT CONDITIONS CO ATH BUT NOT RELAY ONDITION CAUSING IT	dying, the dise death.)  iny, giv stating	(B) DUE TO ring the (C)	gestire Kea		
RTIFIC	19A. DATE OF	OPERATION 198. CONE		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208, IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
	21 A. ACCIDENT OR CONTRIBUTE DEATH (notify of	WAS UNDERLYING DING CAUSE OF	9.8	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID lfice bidg., INJURY OCCUR?	(II in Boltimore	City, give exact location)
3	21 D. TIME ( OF INJURY (APPROX)	Month) (Doy) (Year)	(Hour)	21 E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJ	URY OCCUR?	
1 1		hot 弘) (this hospitol) ast sow the decease		ed the deceosed from on 3/2/65		9ta3/ at in(ikQX (our) opin	2/65 19 19 Inlon death occurred on the dot
1 1			ed obov	e. (1) (We) (did) (did not) v	view the body after death.		
	23A. SIGNATUR	60.3	sale	Phy		Stoff Phys. XX	23B. DATE SIGNED
		nilo C. B		Cuit, M.D.	South Balto. Ge	en. Hosp	1213 Light St.
24A	BURIAL CREM REMOVAL (Sp	ATION, 24B. DATE	246	C. NAME of CEMETERY OF CR	EMATORY 24D. LC	OCATION (Ci	ty, town, or county) (State)
B	urial	3/6/6		It. Calvery	B1	ooklyn, M	aryland
	M.F	AR 4 1965, 0	Rober	BE Jarber M.A		Rice 661	W. Barre St.

VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT	?
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	h occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributir	contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5)Deceased 🤍	fermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	ceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.	n is made.

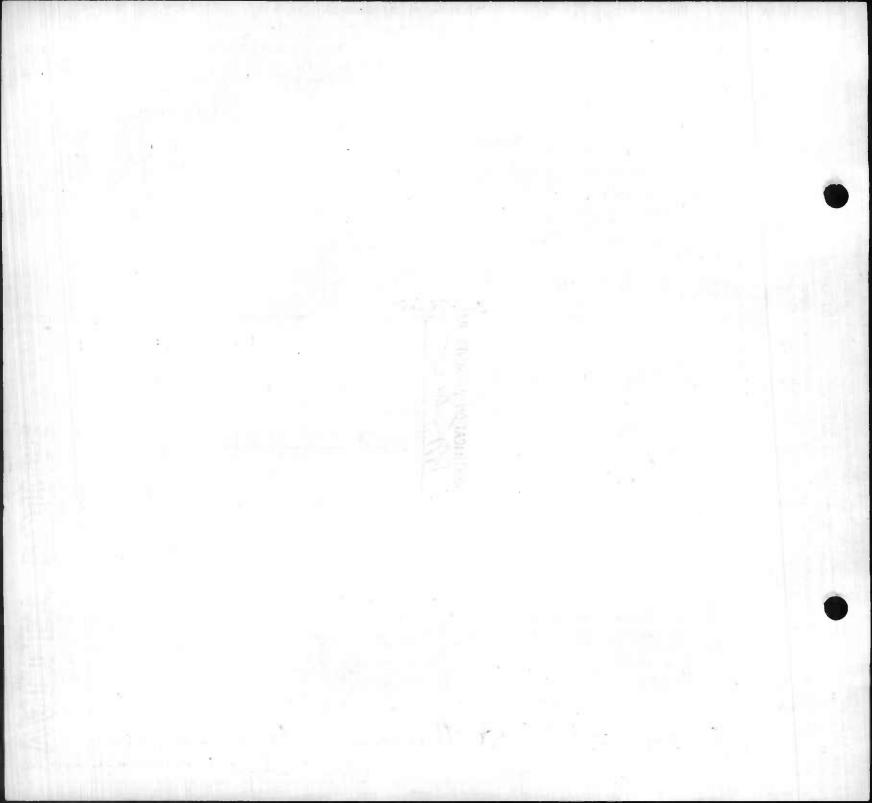
		BALTIMORE CITY	HEALTH DEPARTMENT		65 2393	
BIRTH	()0	CERTIFICA	TE OF DEATH	Registered No	00 2000	
1. NA	CASE NO.  ME OF DECEASED  OF Print)  ELIZA PART	LOW	2. DATE AN 3/2/	65	16.00 R N	
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where		stitutian: residence before admission)	
HC	JLL NAME OF (If not in hospital or institut DSPITAL OR oddress or location) STITUTION	ion, givo strool	C. CITY OR TOWN (If outs	ARYLAND side city limits, write	RURAL ond givo township)	
2			BALTIMORE  D. STREET ADDRESS (IF )	urol, givo location)		
	2101 W. Cold Spring Lane		319 N. Bilmin Street			
5. SE	WIDE	OWED, DIYORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
	JSUAL OCCUPATION (Give kind of work 10B. KINI during post of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foroign	gn country)	12. CITIZEN OF WHAT COUNTRY?	
13. FA	ATHERS NAME	~	14. MOTHER'S MAIDEN NAM	ME		
15. W {Yes,	as Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotos of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	recorde	Bar-Wil-Bay Hom	
1	8. 450.0 1	CAUSE O	F DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) Generalized attento sclenosis  [This does not mean the mode of dying a g					
	LEADING TO DEATH (This does not mean the made of dying.	e.g., DUE TO	neralized ar	teriosclen	2515	
i	heart failure, astheria, etc. It means the disease, injury at complication which caused death.)					
	ANTECEDENT CAUSES	(B)		\$\rightarrow\co\co\co\co\co\co\co\co\co\co\co\co\co\		
	DISEASES OR CONDITIONS, if any, gi	DUE TO ving				
1	ise to the above cause (A) stating UNDERLYING CONDITION last.					
-	II					
$\Xi$	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE				
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED		20A. AUTOPSY? (Yos or No.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
0 2	PIA. ACCIDENT WAS UNDERLYING DECONTRIBUTING CAUSE OF DEATH (notify modical examiner)	21 B. PLACE OF INJURY (o.g., i home, form, foctory, street, o etc.)		(If in Boltimor	e City, give exact location)	
0 2	PID. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
2	APPROX.)	While At Not Whi At Work				
2	22. I certify that (I) (this hospital) attended the deceased from 7-19- 1961 to 3-2- 1965					
1	hot (I) (we) lost sow the deceased alive	on 2-21-		ot In (my) (our) opi	nion death occurred on the dat	
1 1	and hour and from the causes stated above 3A, SIGNATURE	/e. (i) (we) (did) (did not)	view the body after death.		23B, DATE SIGNED	
	00 C H 001	M.D. Att	ending Med. Director	Stoff Phy s.	3 11-60	
2	C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	A.	3-4-63	
244	C.R. Campbell	M.D.	1618 M. North	tre.		
24A.	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CR	A A P	CATION IC	ty, town, or county) (Stote)	
1	Swrial 3-6-65	nit. Calvary		Brookly	n, Md.	
25A.	MAR 4 1965 258. NA	ub E stabumi	Chalua A. T.	Pice, 661	W. Barre St	
VS 1	50-REV. 1/1/65					



IMPORTANT
DIRECTOR:
FUNERAL

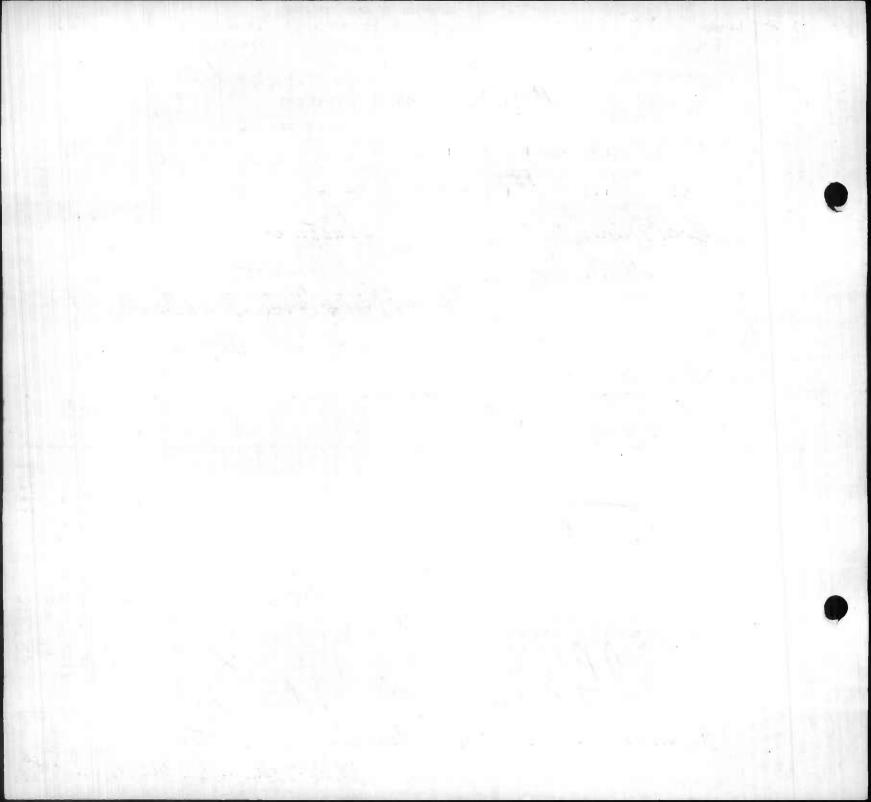
This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

- 0204	BALTIMORE CITY	HEALTH DEPARTMENT	05 0004							
BIRTH NO. 65 2394	CERTIFICA	TE OF DEATH Registered No.	65 2394							
M.E. CASE NO.  I. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	PRONCUNCED							
(Type or Print) ELLEN 1	ANE JACKS	30N 2/28/65	10: 45 PM							
3. PLACE OF DEATH IN BALTIMORE, MARYLANI		4. USUAL RESIDENCE (Where deceased lived, If in A, STATE B. COUNTY	stitution: residence before admission)							
FULL NAME OF (If not in hospital or insti-	tution give street	ND BALT	Dalt							
HOSPITAL OR Moddress or location)		C. CITY OR TOWN (If outside city limits, write RURAL and give township)  D. STREET ADDRESS (If rurol, give location)								
						4	300111			
					WII	RRIED, NEVER MARRIED DOWED, DIVORCED (specily)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
F NEC	W	12/23/98 66								
10A, USUAL OCCUPATION (Give kind of work 10B, KI done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?							
		MU	USA							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS							
(Yes, no or unknown) (II yes, give wor or dotes of se	120-74.165	ALCOHOLOGICAL CONTRACTOR AND ADMINISTRATION OF THE PROPERTY OF								
18 // // -		F DEATH	INTERVAL BETWEEN							
DISEASE OF CONDITION DIRECTLY	Z Z		ONSET AND DEATH							
LEADING TO DEATH	E / 12 14	PERTENSIVE LETERIN								
(This does not meen the mode of dying,	e.g., Q (A) R H T	1520716								
	This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplicotian which coused death.)		PERTENSIVE ARTERIO- LEROTIC LARDIO- SLUCAR DISEASE							
ANTECEDENT CAUSES	(B) W	SCUCAR VISEASE								
DISEASES OR CONDITIONS, if ony,	giving &									
DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stoling the UNDERLYING CONDITION tost.		***************************************								
ONDERENNO CONDINON IOSI.	300									
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING THE BUTING		113							
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TO THE	,								
		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED								
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		N CERTIFYING CAUSES OF DEATH?								
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, loctory, street, of	n or about 21 C. WHERE DID (If in Baltimare	City, give exact location)							
DEATH (notily medical examiner)	etc.)									
Q 21D, TIME (Month) (Dov) (Year) (Hou	1) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?								
OF INJURY (APPROX.)	While At Not While Work At Work	е								
WORK AT WORK										
that (1) (we) last saw the deceased aliv		19ond that In(my) (our) opl	nion death occurred an the date							
and haur and from the causes stated ab	ove. (1) (We) (did) (did not) v	iew the body after death.	23 B. DATE SIGNED							
Hower A-leve	MO M.D. AH	ending Med. Stoff								
11		s. Director Phys.	2/29/65							
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS								
	M.D.	Junear Josquitar								
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME OF CEMETERY OF CRE	MATORY 240 LOCATION TIC	ty, town, or county) (Stote)							
Bursal 3-5-65	St. Thom	as Kandallsla	un med.							
1005	AME OF REGISTRAN	25C. FUNERAL DIRECTOR	ADDRESS							
MAR 4 1965 QL	eut C. Tarbound	("Warrangho d 100)	commacon cui							
VS 150-REV, 1/1/65										

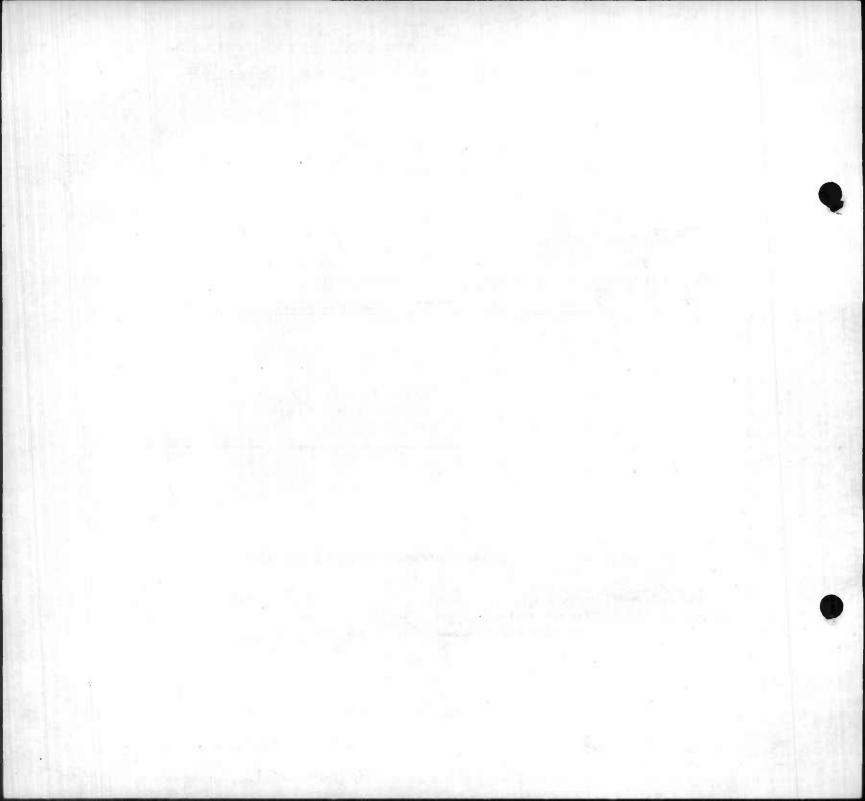


dea dea dea son to son	(Type or Print)	Sa
a hospit ause of e; (5) De ndance	FULL NAME OF HOSPITAL OR oddress or lacation)  FULL NAME OF ODD ODD ODD ODD ODD ODD ODD ODD ODD	TONAS A. STAT
i age i	3 JOHNS HOPKINS HOSP	ITAL D. STRE
rcurr tribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVOS WIDOW	
or his assistant if death or Also, if the direct or con of any kind; (4) Undeternounced death was in restrendance on the deceaned or final disposition is	10A. USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINE done during mast of working life, even it retired)  13. FATHER'S NAME  15. Wes Deceased Ever in U. S. Armed Forces? (Yes, na ar unknawn) (If yes, give war ar dates af service)	14. MO
L DIRECTOR: edical examiner of dical examiner. Irns; (3) A fracture sician who pronues in regular comains are embali	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does nat mean the made of dying, e.g., heart failure, astheria, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(A) COLUMN (B) DUE TO
by the principle of the	DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR WHICH OWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 218. PLACE	OF INJURY (e.g., in or obau foctory, street, office bldg.
ficate must be approvas released to the An accident of any A. at a hospital (exception to death); and approval must be obtain	22. I certify that (I) (this haspital) attended the dece that (I) (we) lost sow the deceased alive on ond hour and from the couses stated above. (I) (We) (23A. SIGNATURE)  23C. PHYSICIAN'S NAME (Type)	did) (did not) view the  M.D. Attending Phys.  23D. ADD
body ws: (1) body ws: (1) body ws: (1)	PREMOVAL (Specify) Man 3/65 A+M	any & Suffe

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH AL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY ARYLAND OR TOWN (If outside city limits, write RUNAL and give township) ALTIMORE 20 ET ADDRESS (If rural, give location) 004 FUSELAGE AVENUE 9. AGE (In years last birthdoy) OF BIRTH If Under 1 Yr. If Und Months: Days Haurs If Under 24 Hrs. 15-80 HPLACE (State or fareign country) 12. CITIZEN OF ADDRESS INTERVAL BETWEEN ONSET AND DEATH AUTOPSY? (Yes at No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 121C. WHERE DID (If in Baltimore City, give exoct lacotion) 21 F. HOW DID INJURY OCCUR? ond that in (my) (our) opinion death occurred an the date body ofter death. 238, DATE SIGNED Med. Stoff Phy s Director DRESS 24D. LOCATION (City, town, or county) FUNERAL DIRECTO ADDRESS V\$ 150-REV. 1/1/65



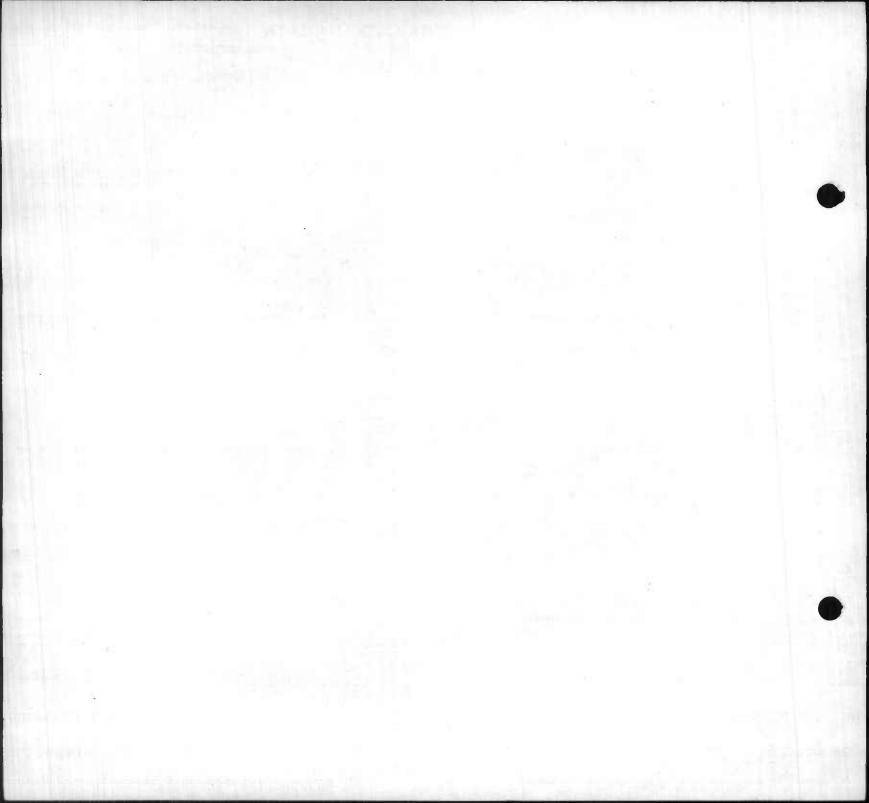
	BALTIMORE CITY	HEALTH DEPARTMENT		65 2396			
ыятн но. 65 2396	CERTIFICA	TE OF DEATH	Registered Na.	00 2000			
M.E. CASE NO.	03.1111.197		D HOUR OF DEATH				
	d Jones		1, 1965	1 5.50 A N			
James Edvar	u_forces	4. USUAL RESIDENCE (Where	e deceased lived. If in	nstitution: residence before admission)			
		A. STATE B. COUN	1 1	13			
FULL NAME OF (If not in haspital ar institut HOSPITAL OR oddress or location)	ion, give street	Maryland  C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
Midtown Home							
808 St. Pa	11 5+	Baltimore D. STREET ADDRESS (If r	ural, give location)				
Balt. M	808 St. Paul Street 21202						
	RIED, NEVER MARRIED	<u> </u>	AGE (In years	If Under 1 Yr. If Under 24 Hrs			
M WIDE	ingle	7/22/92	ast birthydgyl	Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B. KIN		11. BIRTHPLACE (State or fareig	gn country)	12. CITIZEN OF			
dane during most of working life, even if retired)		Wa a saabu saab		WHAT COUNTRY?			
Handyman  13. FATHERS NAME		Massachusetts 14. MOTHERS MAIDEN NAME					
13. PATHER 3 INDIVID		A WOTHER S WAIDEN NAM					
7		?					
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (Iff yes, give war ar dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
. 3		Midtown Nursing	Home Recor	ds			
18. 44 19	CAUSE O			INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH			
LEADING TO DEATH	(A) Car	des Plagua	on tow	lene			
	(This does not mean the made at dying, e.g.,  DUE TO THE DESTRUCTION OF THE TOTAL THE						
injury ar camplication which caused death.)	heart failure, asthenio, etc. It means the disease, injury ar camplication which caused death.)						
ANTECEDENT CAUSES	(B) CEL	terpole to	2 0 14	420			
DISEASES OR CONDITIONS, if any, giving							
rise la lhe abave cause (A) slaling lhe (C)							
UNDERLYING CONDITION lost,							
Z OTHER SIGNIFICANT CONDITIONS CONTRIB							
2 TO THE DEATH BUT NOT RELATED TO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED					
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?					
U 21A, ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	n ar about 21 C. WHERE DID	()f in Baltimar	re City, give exact lacation)			
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	OR CONTRIBUTING   CAUSE OF   home, farm, factory, street, of						
0							
S OF INJURY	OF INJURY		JRY OCCUR?				
(APPROX.)	(APPROX.) Walle At Work At Work						
22. I certify that (I) (this hospital) attended the deceased fram april 13 1960 to 1961							
	that (I) (we) last saw the deceased alive an man 19 65 and that in (my) (our) opinion death occurred an the date						
	and haur and from the causes stated above. (1) (Wallier) (did nat) view the bady after death.						
23A. SIGNATURE							
Julland Och	1 11 Pard Cheld in Strong Med. Staff the						
ONE BHYCICIANG	Phys. Director Phys.						
NAME (Type)	71 41	23D. ADDRESS Par 16	He s	KAV.			
MILLER APPLEACE	CD ND. M.D.	3 901 vacie	- Lan	Balto 15, DE			
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	EMATORY 24D. LC	CATION (C	ity, lawn, ar county) (State)			
	Mary Cathadaal C	ome to see	A				
Burial 3/5/1965   25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	emetery Bal	timore, Mar	ryland ADDRESS /			
MAR 4 1965 00 00	C. A . S . A . S	Jula 12706	18.	Isalimore, mil.			
VS 150-REV. 1/1/65	CAMPAN	The period	ansons	nouse to a we			



## This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT

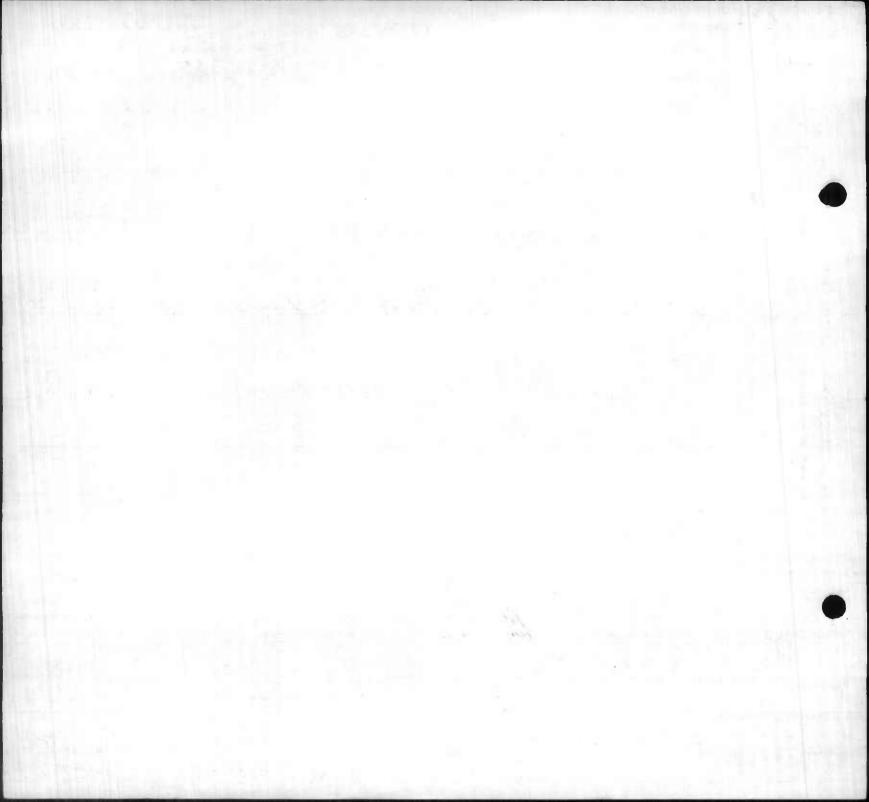
MAR 4 VS 150-REV. 1/1/65

		BALTIMORE CITY	HEALTH DEPARTMENT		0000	
	тн но. 65 2397	CERTIFICAT	E OF DEATH	Registered No.	55 2397	
1,1	E CASE NO.	<i>(</i>	2. DATE AND	HOUR OF DEATH		
	pe or Print FELIKS LUKA	SZUK (LUKASZ	EK) MARG	H 1, 1960	51	м.
3.	PLACE OF BEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	deceased lived. Il insti	itution: residence before o	dmission)
11	FULL NAME OF (If not in hospital or institution)  (If not in hospital or institution)	ition, give street	C. CITT ON TOWN HIT OUTS	ide city limits, write RU	RAL and give township)	
P			BALTIMORE			
3	308 S. DURHAM ST		308 SOUTH	DURHAM	57.	
5.		RRIED, NEVER MARRIED OWED, DIVORCED (specify)		AGE (In years ost birthdoy)	If Under 1 Yr. II Under Months Doys Hours	Min.
	USUAL OCCUPATION (Give kind of work 10 B. KI	OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNTRY?	
1 3	ONGSHOREMAN		POLAND		POLAND	
13.	FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	I E	1041110	
	WACH INKAG	7124	7			
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of ser	vice) SECURITY NO.	7. INFORMANT		ADDRESS	
	, , , , , , , , , , , , , , , , , , ,	216-09-4675	ANNA LIKASTI	K 3085, DE	URHAM CT	
	18. 420.0	CAUSE OF	DEATH	1	INTERVAL BETWOONSET AND DI	
	DISPASE OR CONDITION DIRECTLY	1/2	learnalant.	bloo. N.M.		ears
	LEADING TO DEATH (This does not meen the made of dying,	e.q., DUE TO	emoscoura	THEANT POUR	use ge	au
	heart failure, asthenia, etc. It means the dis injury at camplication which caused death.)	ease,				
	ANTECEDENT CAUSES	(B)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~~~
	DISEASES OR CONDITIONS, if ony,					
	rise to the obove cause (A) stoting UNDERLYING CONDITION tost.	the (C)	**************************************	-0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*************************	
	11					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB					
		FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIR	NDINGS CONSIDERED	
ERTIFIC	WAS PERFORMED			IN CERTIFYING CAUS	SES OF DEATH?	
AL CER	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, officetc.)	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact tocation)	
II U	DEATH (notily medical examiner)		015 Herri 210	107 0 0 0 1175		
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	While At Not While	21 F. HOW DID INJU	IKT OCCUK?		
	(APPROX.)	Work At Work			/	,
	22. 1 certify that (1) (this hospital) atten	0/10	4/5/63		15	
	that (I) (we) lost sow the deceased alive	)		t in(my) (our) opini	on death occurred on	the dote
	and bour and from the couses stated about 23A. SIGNATURE	ve. (1) (We) (did) (did-not) vio	ew the body ofter death.		DATE COLUMN	
	23A. SIGNATURE	M.D. Atten	ding Med.	Stoff	B DATE SIGNED	
	23C. PHYSICIAN'S	7/CM Phys.	Director U	Phy s.	1/2/00	
	NAME (Type)	Van / M.D.	129	BRADINA	/SALTO 31	Mo
24	A. BURIAL CREMATION, 24B. DATE 2	4C. NAME OF CEMETERY OF CREA	AATORY 24D. LO	CATION (City,	town, or county)	(Stote)
1	REMOVAL ISpecify)	HALV DALADY	CEM DA	NO ALL	MAPY!'A	NA
25	A. DATE REC'D BY HEALTH DEPT.   258. N/	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	JUAL.K	ADDRESS	10
	MAR 4 1965 Robert E.	Failer HA O O	WHY IN INFREA	4 SONSIN HO	IS CHECTED	ST



Such

	BALTIMORE CITY	HEALTH DEPARTMENT		05 0000
BIRTH NO. M.E. CASE NO. 65 2398	CERTIFICA	TE OF DEATH	Registered Na	65 2398
NAME OF DECEASED		2. OATE AN	D HOUR OF CEATH	
Type or Print)	EERR GE	4 2-	2 1965	1 62-550.
Type or Print)  DUE MR  PLACE OF DEATH IN BALTIMORE MARYLANO	MEUNGE	4. USUAL RESIDENCE (Where	e deceased lived. If in:	stitution: lesidence before admission)
		A, STATE B, COUNT	• •	2 23
FULL NAME OF (If not in hospital or institu		C. CITY OR TOWN (IF OUT)	side city limits, write R	RURAL and give township)
Church Home and	& Hospital			
Church Home and Baltimore	31, Md	Balhmore D. STREET ADDRESS (III	urol, give location)	
		1933 Fle	et St.	
	RIED, NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours Min.
	OWED, DIVORCED (specily)	1 0 1 10	77 exs.	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF
On OCN II A 4 10 (CA)	TO HEWS AMER	Paradalaine		WHAT COUNTRY?
PAPER HANDLER BAG	TO TYENS ATEN	14. MOTHERS MAIDEN NAM	XI I CL	d.2.4.
LOWE	- 11 /		YK,	ADDRES
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of sen	SECURITY NO.	17. INFORMANT		ADDRESS
YES WORLD-WAR	1 962-03-4069	HELEN V. LC	WE 190	33 FLEET SI
18. 33/X	CAUSE O			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	(A) C	erebral hem	iorrhag.	e 12 days
(This does not meon the mode of dying, heart failure, asthenia, etc. II means the dis-	eose,			
injury or complication which caused death.)		Huppytonci	0.20	- Unknown.
ANTECEDENT CAUSES	OUE TO	114 6	×	
DISEASES OR CONDITIONS, if ony, g				
UNDERLYING CONDITION lost.	1he (C)		······································	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
TO THE DEATH BUT NOT RELATED TO	THE			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 208. IF YES, WERE I	FINDINGS CONSIDERED
THE CONTRACTOR OF THE CONTRACT		No	-	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)
DEATH (notily medical examiner)	etc.)			
OF INJURY (Month) (Doy) (Year) (Hour)		21 F. HOW DID INJU	URY OCCUR?	
(APPROX)	White At Not While Work	le 🗌		
22. I certify that (4) (this hospital) attend			965 to 3	- 1 1965.
that (1) (we) last saw the deceased alive	_	1 ~		nion death accurred an the date
and have and from the causes stated abo			or many (see ) upin	mon decin deconde di ine dare
23A. SIGNATURE	ve. (i) (iie) (did) (asta fibi)	view the bady after death.		23B. DATE SIGNED
Kishor C. Meh	M.D. All	ending Med. Director	Stoll Phys.	3-2-1965
23C. PHYSICIAN'S	Phy	23 O. ADDRESS	Phys. 🔽	3-2-1765
NAME (Type)			11 /2000	achiba 1 Br. 1+31
KISHOR C.MEH				iospital, Bult H
24A. BURIAL CREMATION, 24B. DATE 2. REMOVAL (Specily)	C. NAME of CEMETERY or CR	EMATORY 24D. LC	OCATION (Ci	ty, town, or county) (Stote)
BURIAL MARS GS	SI STANISLI	AUS CEM L	DUNDAUK	AVE MO
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	- 1	E LOMBAROS
MAR 4 1965 R.C.	DE TONEY	Marko VA	NO 1800	E LOMBARDS
VS 150-REV. 1/1/65		Wallet 13		



		0-	0000		BALTIMORE CITY	HEALTH DEPARTM	MENT		CE	Oons
M.E.	NO.		2399		CERTIFICA	TE OF DEA		Registered No.	65	2399
	or Print)	ECEASED	Joseph	F. Te	erry	2. D	March	1 3, 1965		Μ.
FL	JLL NAMI OSP)TAL C STITUTION	OF (	BALTIMORE, MAI	er institution, g		Maryland C. CITY OR TOWN Baltimor D. STREET ADDRESS 1009 EVE	(If out	side city limits, write	27-	48
5. SE	x M	6. RAC		7. MARRIED, WIDOWED Marr	NEVER MARRIED , DIVORCED (specily)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min.
IOA. done	USUAL O	of working )	A commence of the commence of	10B, KIND OF	BUSINESS OR INDUSTRY		e or forei	gn country)	12. CITIZEN OF WHAT CO	UNTRY?
			Terry			Amy Hollo				
(Yes,	os Deceo no or unkno	wn) (If yes,	U. S. Armed Fore give wor or date. W. 11	es? of service)	16. SOCIAL SECURITY NO. 212-01-722	Mrs. Ma	ırgaı	et Terry	Sam	
	(This does heart failu injury ar o DISEASES rise ta UNDERLY	LEADING ANTECION OR CO	CONDITION DIR NG TO DEATH In the made of a, etc. It means In which caused EDENT CAUSES NDITIONS, if the cause (A) DITION last.	dying, e.g., the disease, death.) any, giving stating the	(A) DUE TO	tervolde rabits,	the	Cormany Clity -	turn mild C	Ins.
CERTIFICATION	9A.DATE	DEATH OR CONDI OF OPERA	CONDITIONS C BUT NOT RELA TION CAUSING I TION 19B. CON WAS PERI S UNDERLYING CAUSE OF	TED TO THE	PLACE OF INJURY(e.g., i	20 A. AUTOPSY? (Y	es or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	?
MEDICAL	DEATH (no 21 D. TIME DF INJURY (APPROX.) 22. I cert that (I) (v and hour	ify that (I	(Year)  (Year)  (Yhis hospital aw the decease	(Hour) 21E. Whit Word of the deliver on	INJURY OCCURRED    At Work   At Work     A	21F. HOW  19  19  Wiew the body ofter  anding Med. Direct 23D. ADDRESS	1 ond the	or in(my) (sub) op	inion deoth occ	41465
-	REMOVA	REMATION L (Specify)			ME of CEMETERY of CR				ity, town, or coun	
	UPIA.		3-6-196 4 1965	25B. NAME O	ltimore Com	1	RECTOR	Ltimore, enkins & 14905 Yor	Sons Co.	Md. Porzi 212 Balto., Mo

geath Paltyolico ankny

the body

shows: Ö

O

Was

(5) Deceased

cause;

attendance cause

and

hospital

8

=

of

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 2400 65 Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 3. PLACE OF DEATH IN BALTIMORE, MARYLAND March 3, 1965 8:10M 4. USUAL RESIDENCE (Where deceosed lived, If institution residence before odmission) death. (If not in hospital or institution, give street Marvland FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside city limits, write AURAL and give township) INSTITUTION 0 Baltimore George Washington Carver Nursing Home prior D. STREET ADDRESS (If rural, give location) 607 Pennsylvania Avenue Baltimore, Maryland 21201 716 E. 21st. Street is made. 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) last birthday Widowed Male Negro Widowed

10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Ricaes 13. FATHER'S NAME Steel United States Knight, Rames V.

15. Wos Decessed Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL ADDRESS or final SECURITY NO 705 Chart # 607 Pennsylvania Avenue CAUSE OF DEATH INTERVAL BETWEEN 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., hearf foilure, astheria, etc. It means the disease. injury or complication which coused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost before the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) etc.) obtained 21 D. TIME 21 E. INJURY OCCURRED (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from be that (1) (we) last saw the deceased alive on. ond that in (my) (our) opinion death occurred on the date ond hour and from the course stated above. (1) (Walded) (dld not) view the bady ofter death.

23). SIGNATURE

1500 FAST MADISON.

23C. PHYSICIAN'S

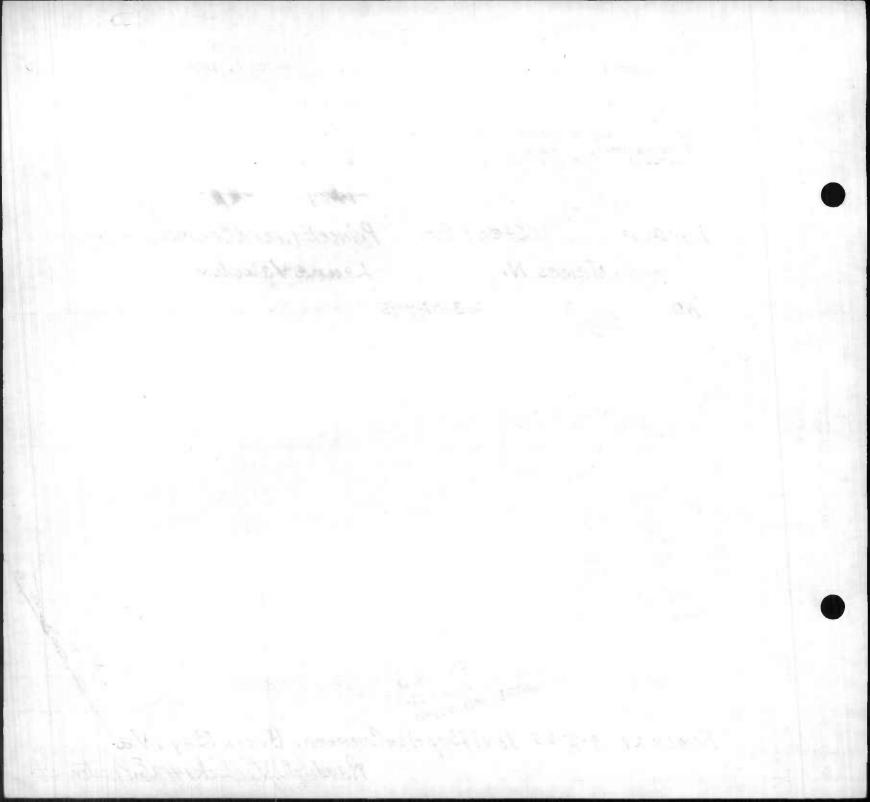
NAME Trans must 1500 EAST MADISON ST. M.D. 23 B. DATE SIGNED Stoff BALTIMORE, MD ST. M.D.

24C. NAME OF CHANGE OF CREMATORY

125C written approval Phy s. prior NAME (Type 24A. BURIAL CREMATION, 24B. DATE deceased 24D. LOCATION (City, town, or county) REMOVAL (Specify)

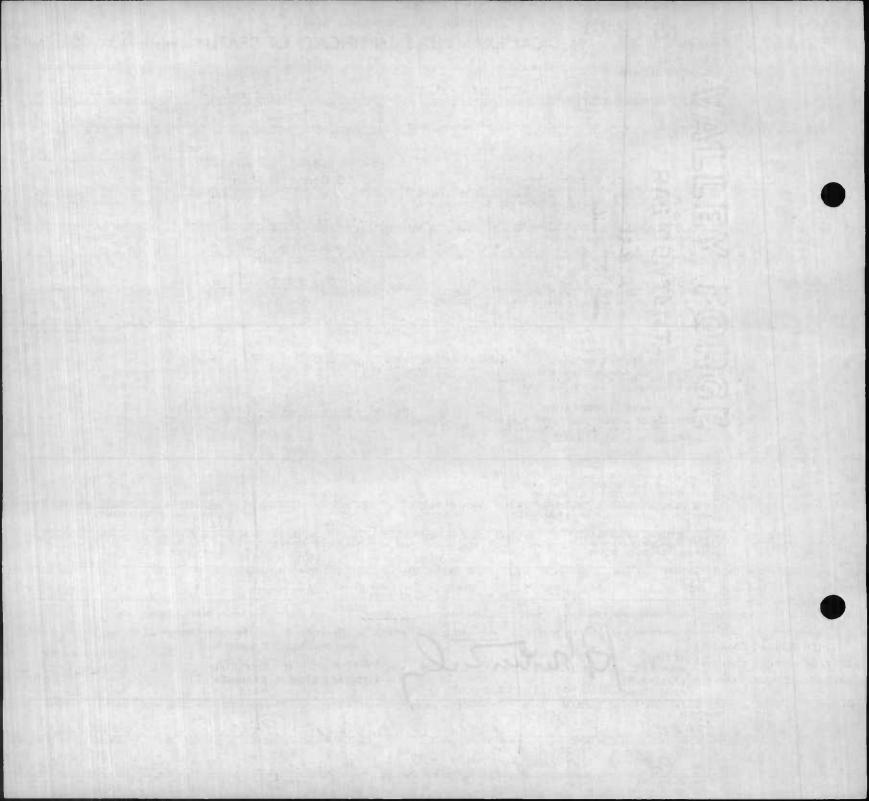
REC'D BY HEALTH DEPT 258. NAME OF REGISTRATE

VS 150-REV. 1/1/65



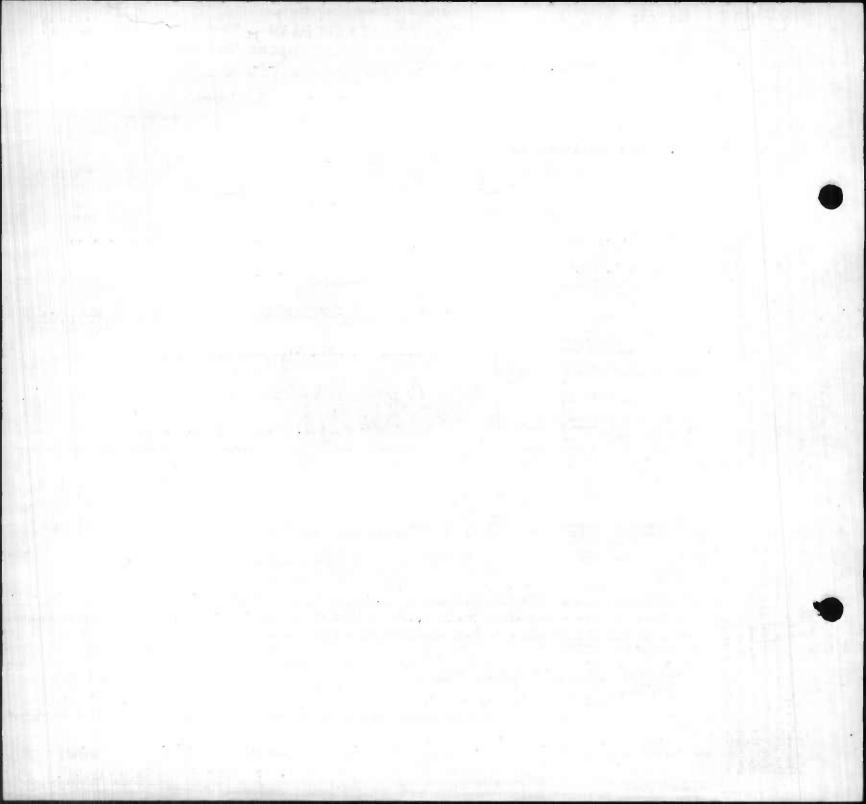
VS 151-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 1. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD MARGARET OFFLEY 11:00 p M. March 2, 1965 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - Arbutus D. STREET ADDRESS (If rurol, give location) St. Agnes Hospital 5425 Council Street 7. MARRIED, NEVER MARRIED 9. AGE (In years lost birthdoy) 5. SEX If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months, Doys, Hours, Min. 59 female white Wicow ed 10A. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Sales lady 450 Maryland 4. MOTHER'S MAIDEN NAME Manko 13811. 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SO CIAL (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO. 214-30-6766 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronchopneumonia (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES Subdural hemorrhage DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O CERTIFICAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? Unknown Unknown Σ 21D TIME 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 65 m. WHILE AT NOT WHILE Apparently fell Autopsy X I certify that I held an Inquiry Inspection and that on this bosis, death in my opinion resulted from Natural couses Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE. 3-3-65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Rudiger Breitenecker 23A, BURIAL CREMATION, 23C. NAME of CEMETERY or CREMATORY 23B. DATE 23D. LOCATION REMOVAL (Specify) JUNIAI 24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR



VS 150-REV. 1/1/65

Howard K. Mc Comas & Son Abingdon Md.

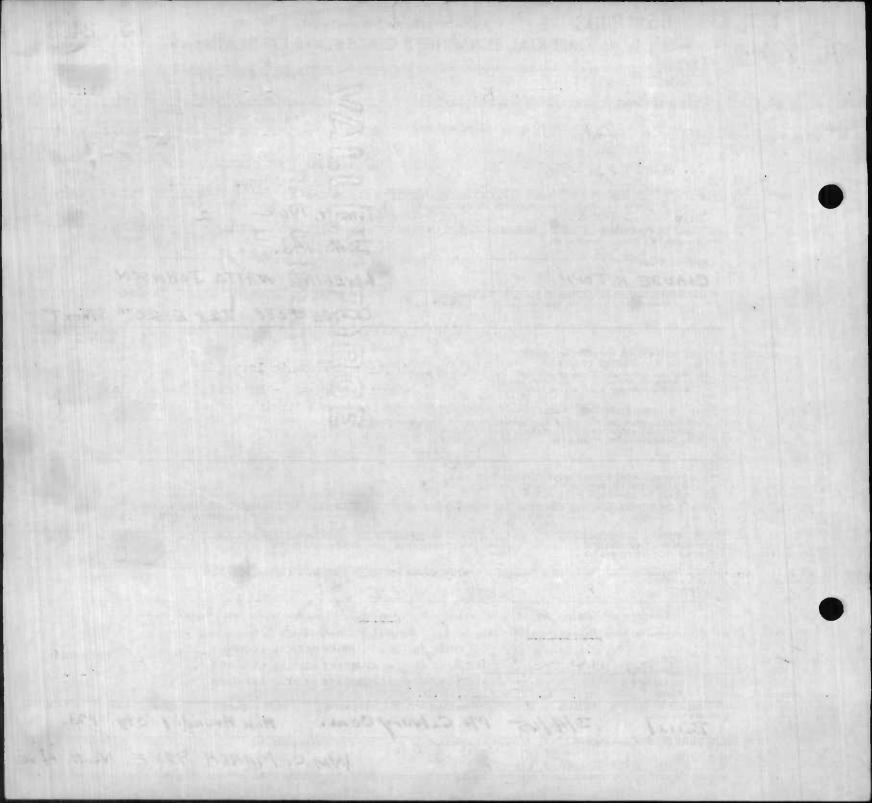


VS 151-REV. 1/1/65

2 6

24C, FUNERAL DIRECTOR

WM.C. MARCA 928 E. North Axe



2404 / 2404 BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 9. 29296 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) TANYA P. WEAVER March 3, 1965 10:25 am. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence belore admission)

A. STATE

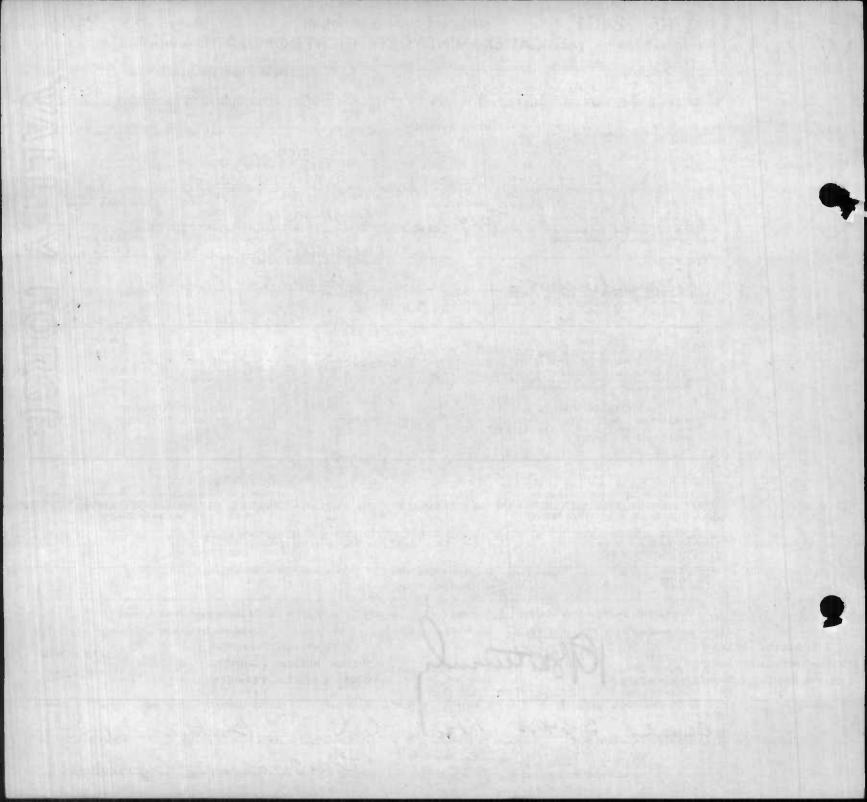
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF C. CITY OR TOWN (Il autside corparate limits, write RURAL and give township) HOSPITAL OR Baltimore D. STREET ADDRESS (II rure) give location) Johns Hopkins Hospital 1107 N. Lakewood Avenue If Under 1 Yr. II Under 24 Hrs. 6. RACE 7. MARRIED, NEVER MARRIED S DATE OF BIRTH 9. AGE (In years 5. SEX WIDO WED. DIVORCED (specify) last hirthday 1-27-1964 female colored 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) LLEO 4 MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL 7. INFORMANT (Yes, na ar unknawn),(II yes, give wor ar dates al service) SECURITY NO. nenc INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Interstitial pneumonitis (This does not mean the mode al dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A, AUTOPSY? (Yes or No.) 120B. IF YES. WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Yes MEDICAL 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID (If in Boltimare City, give exect location) hame, lam, factory, street, office bldg., NJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY MHILE AT NOT WHILE (APPROX.) 22. Autopsy X I certify that I held on Inquiry Inspection ond that on this bosis, death in my opinion resulted from: Notural couses X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 3-3-65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Rudiger Breitenecker 23A. BURIAL CREMATION, 23C. NAME of CEMETERY OF CREMATORY 23B. DATE 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specily)

24A. DATE REC'D BY HEALTH DEPT.

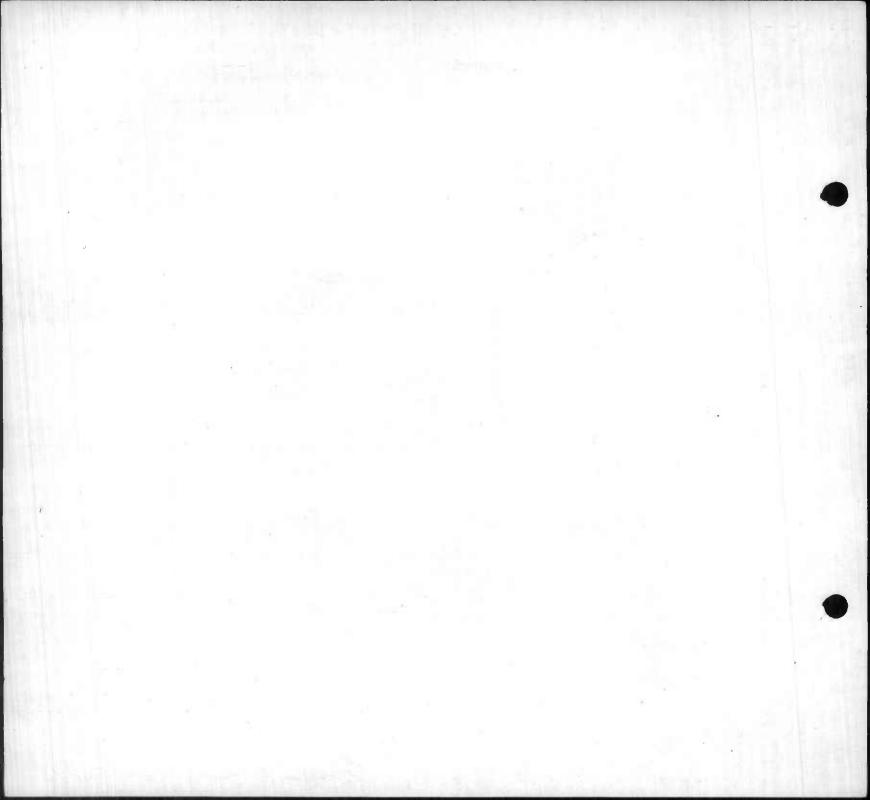
248 NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

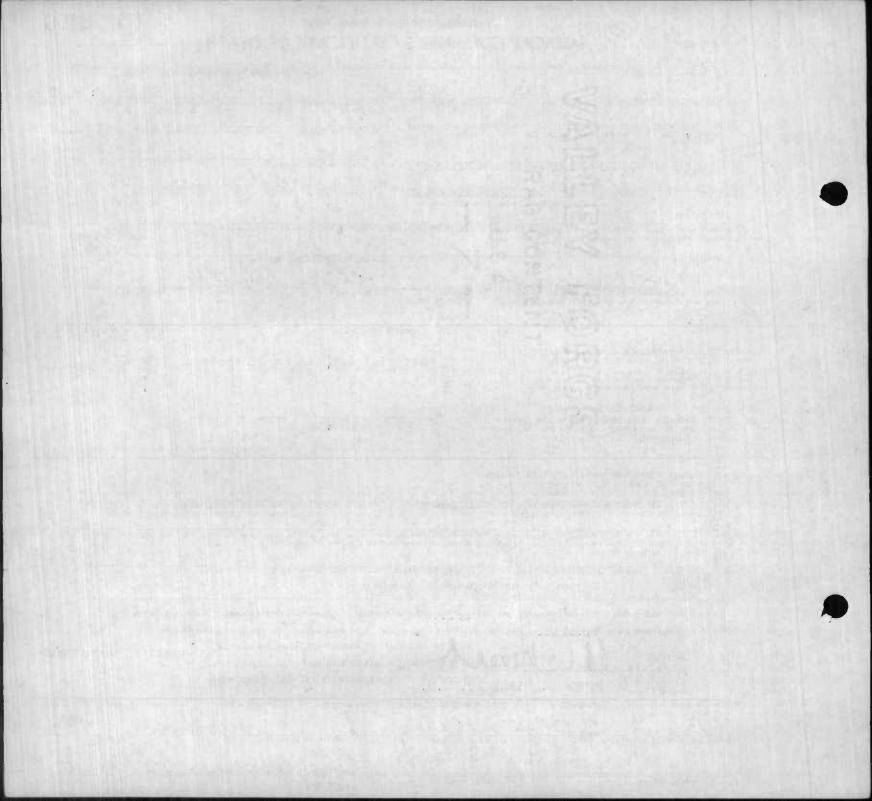
VS 151-REV, 1/1/65



0.405	BALTIMORE CIT	Y HEALTH DEPARTMENT		65 2405
BIRTH NO. 65 2405	CERTIFICA	TE OF DEATH	Registered Na.	50 5400
M.E. CASE NO.  1. NAME OF DECEASED  (Typo or Print)  John W	Roberts		3-1-65	6 A.A.
B. PLACE OF DEATH IN BALTIMORE, MARYLAN	ND.	4. USUAL RESIDENCE (When A. STATE B. COUN Maryland	o docoosed lived. If in	stitution; residence before admissi
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddross or location) INSTITUTION		C. CITY OR TOWN (If out		
Baltimore City 4940 Eastern		Baltimore D. STREET ADDRESS (IF	rurol, give location)	
Baltimore, Mar	ryland, 21224	2210 Morri	s Street 2	1217
Male Negro w	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify) Married	1-1-1918	9. AGE (In yours lost birthdoy) 47	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, I done during most of working life, even if retired)	AND OF BUSINESS OR INDUSTRY	Maryland	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME Daniel Roberts		14. MOTHER'S MAIDEN NAM	Martle	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give wor or dotes of s	1441	RECORDS: BCH	1010 Foston	ADDRESS
18. 5 8 1. 1	CAUSE C	OF DEATH	4940 Laster	n Avenue #21224
(This does not meen the mode of dying heart failure, asthenia, etc. It means the cinjury or complication which caused death	g, e.g., DUE TO liseose, 1.) (8)	Delirium Tremens Chronic Laennecs	Cirrhosis	
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) statis UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT,				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notity modical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID INJURY OCCUR?	(It in Boltimore	City, give exact location)
21 D. TIME (Month) (Doy) (Yeor) (Ho OF INJURY (APPROX.)	While At Nork At Work	21F. HOW DID INJ	URY OCCUR?	E 1615
22. I certify that (I) (this hospital) atte	ended the deceased fram	2-25	19 65 ta	3-1- 19 6
that (I) (we) last saw the deceased ali			at in(my) (aur) apl	nian death occurred on the c
23A. SIGNATURE	ouves (1) (we) (ala) (ala lial)	view the oddy difer deom.		23 B. DATE SIGNED
er. Ca	ako M.D. At	lending Mod. pirector	Stoff Phys.	3-1-65
23C. PHYSICIAM'S NAME (Type) Dr. Robert Cooke	M.D.	23D. ADDRESS		imore, Maryland
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CE	REMATORY 24D. LO	OCATION (CI	ty, town, or county) (State
25A. DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	25C FUNERAL DIRECTOR	nootlyn	ADDRESS
MAR 4 1965 Q	2005. E. Farley M.A	Teknon O.Co	Usa 100	Dantles Colo
TO 100-NETT 17 17 00				

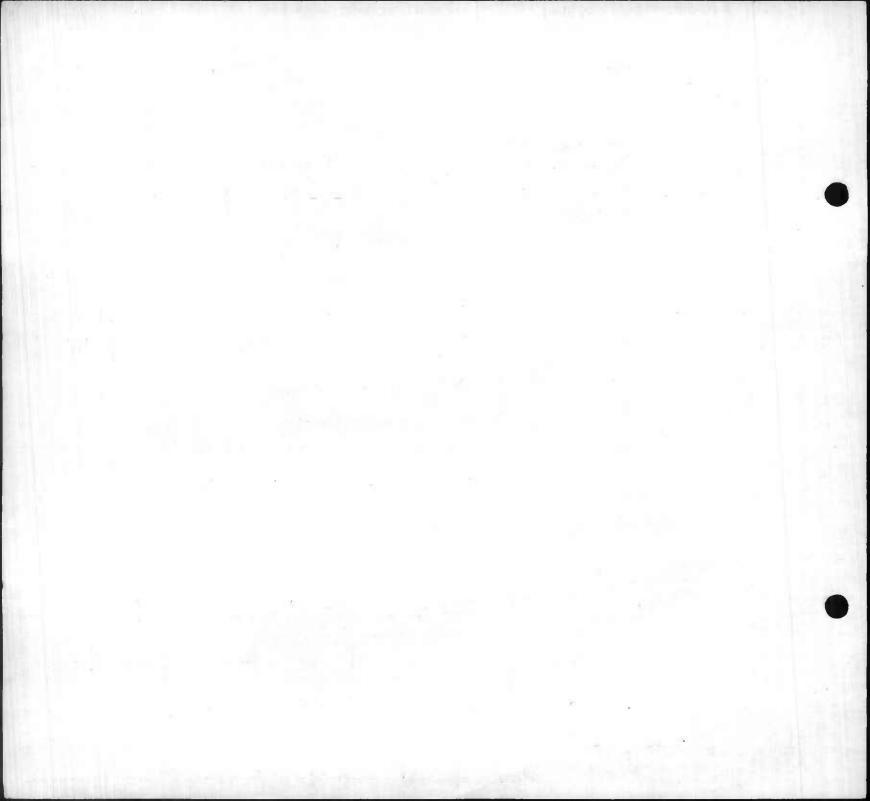


VS 151-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

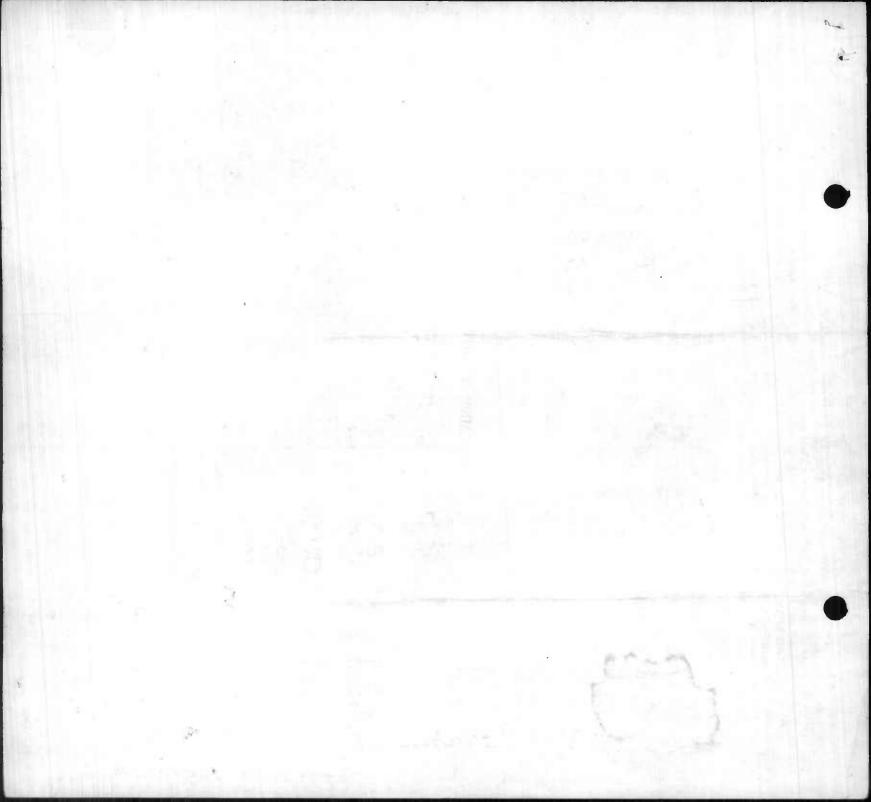
	CE OROP	1	BALTIMORE CITY	HEALTH DEPARTMEN	T	05 04012
BIRTH NO.	65 2407		CERTIFICA	TE OF DEATI	H Registered No	. 65 2407
M.E. CASE NO				2. DAT	E AND HOUR OF DEAT	TH .
(Type or Print)	Bertha Cure				March 1, 196	5   6:50 pm
3. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (	Where deceased lived, If	institution: residence before admission)
FULL NAM	E OF (If not in hospital	at institution	cius steat	Maryland		1802
HOSPITAL O	OR oddress or locatio	n)	give sieei		If outside city limits, write	e RURAL and give township)
1.1311101101	Provident B	Hospita	1	Baltimore		
	1514 Divisi	ion Str	eet	D. STREET ADDRESS	(If rural, give location)	
	Baltimore,			n 1001 Benne		
Female	6. RACE Negro	7. MARRIED WIDOWI	o, NEVER MARRIED ED, DIVORCED (specify) ed	B. DATE OF BIRTH  11-15-1898	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	CCUPATION (Give kind of world	10B, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
one during mos	t of working life, even if retired)		1/-00	Maryland		USA
3. FATHER'S	w V P		10000	14. MOTHER'S MAIDEN	NAME	ODA
W	MAM COO	K		Johi v.	s RAMSO	n N
Yes, no or unkn	sed Ever in U. S. Armed For own) (If yes, give wor or dote	rces? is of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Hall	ADDRESS
1B.	32 XH 2 6	OX	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION DI	RECTLY				
(This doe	LEADING TO DEATH s nat mean the made of	dvina ea	(A) Cere	bral vascular	accident	2 days
heart faile	ne, asthenio, etc. It means	the disease				
injury ar	ANTECEDENT CAUSES		(B) Cere	bral thrombos	is	
DISEASES			DUE TO	6 di 16 d	**************************************	
	OR CONDITIONS, il the abave cause (A)		(c) Arte	riosclerosis		years
UNDERLY	ING CONDITION last.					
Z		CANTRIBUTIO	16			
E TO THE	GNIFICANT CONDITIONS C	ATED TO T	HE	n dishatas m	allitus and .	
U 19A. DATE	OF OPERATION 198, CON		WHICH OPERATION	n. diabetes m	or No) 20B. IF YES, WER	E FINDINGS CONSIDERED
19A. DATE	WAS PER				IN CERTIFYING C	CAUSES OF DEATH?
U 21 A. ACC	DENT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DI	ID (If in Boltim	nore City, give exact location)
DEATH (n	otify medical examiner	ete		nice olagi, ilitari occa	κ:	
21D. TIME		(Hour) 21	E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJUR			hile At Not While Ork At Work	е		
22   201	ify that (I) (this hospita			February 20.	19 65 to Mar	rch 1. 1965
	we) last sow the decease			65		
						pinian deoth occurred on the dot
23A. SIGN.	ond from the couses sta	ted obove.	(I) (We) (did) (dld not) v	lew the body ofter dec	oth.	23 B. DATE SIGNED
230.31014	( 00		M.D. Atte	ending Med.	Stoff F	
22.C. BLIVE	Jose Ca	may	Phy	s. Director L	Stoff Phys.	March 2, 1965
	E (Type)	/		23D. ADDRESS		
	se C. Arroyo		M.D.		on Street	
REMOVA	CREMATION, 24B. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24	D. LOCATION	(City, town, or county) (State)
Burn	W 3-8-6	5 13	TAN. OTA	(em.	12ALTO.	mol.
25A. DATE RE	C'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C FUNERAL DIREC	CTOR	ADDRESS
	MAR 4 1965	Volen	J.E. Mankeymin	Chon O: 0	Velson 10	vo Beant Vaids
VS 150-REV. 1	/1/65		S. See See	G-00 /1 .	•	7



# FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death—shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BAI	LTIMORE CITY	HEALTH DEPARTMENT		OF- () 200
BIRTH NO. 65 2408 CF	RTIFICA	TE OF DEATH	Registered No	b524U8
M.E. CASE NO.	iki ii i Cook		ID HOUS OF DEATH	
Type or Print		2. DATE AT	ND HOUR OF DEATH	1740 p.
3. PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (Whe	ve deceased lived If ine	M
		A. STATE B. COUN	NTY	15-117
FULL NAME OF (If not in hospital or institution, give street	1	Marriand	/	37/
HOSPITAL OR oddress or locotion)	1	C. CITY OR TOWN (If ou	itside city limits, write R	URAL and give township)
University Hospita	31		ore CIT	Y
		1 20	rural, give location)	_
		5028	Lobigh	larvace
5. SEX 6. RACE 7. MARRIED, NEVER M. WIDOWED, DIVORC		B. DATE OF BIRTH	9. AGE (In years de lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
- Negro Illidou		1012178	87	
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS	OR INDUSTRY	1. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Not Audi Life		manulan	2	1251
NOT AUDITOR	1	4. MOTHERS MAIDEN NA	ME	0 370
1.2 11. 10. 10.		£ \	7	
William Decler		Lannie	e !	
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIA   (Yes, no or unknown) (If yes, give war or dates of service)   SECU	NO.	7. INFORMANT	1	ADDRESS
No	ź	HOSPIT	31 C49	VT
18. 420,000 = 9000	CAUSE OF	DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	N N		. 1	ONSET AND DEATH
LEADING TO DEATH	The tul	nonary eml	rolysm	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, astherio, etc. It means the disease, injury or complication which coused death.)	THE TO	1100	0	0.0 0.000
injury or complication which coused death.)	3 EAS	H V -	(-0	
ANTECEDENT CAUSES	DUE TO	UBITUS UL	CER	
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost	THE	1	11. 11	1871
rise to the obove cause (A) stoling the	T bearing	racture	HIPAT	
UNDERLYING CONDITION last.	112			
1	Z H			
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	75			
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP	EPATION	[20A. AUTOPSY? (Yes or N	all and the ver theme e	INDINGS CONSIDERED
WAS PERFORMED		71.65	IN CERTIFYING CAU	ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF	F INJURY (e.e., in	or obout 21 C. WHERE DID	(If in Baltimare	City, give exact location)
OR CONTRIBUTING CAUSE OF home, form to	octory, street, offi	ce bldg., INJURY OCCUR?	2 1.	1
	me	3078		lerrace
OF INJURY		, 1	JURY OCCUR?	st.
(APPROX.) 30 64 11 Am While At	Not While At Work	Pell	Down	3 /2/5.
22. I certify that (I) (this hospital) attended the decease			19 6 % to	2/28 19 65
that (I) (we) lost saw the deceased alive on	1.00/10	19 and th	not in (my) (our) opin	ion death occurred on the date
ond hour and from the couses stoted obove. (1) (We) (di	a) (did not) Vi	ew the body offer deoffi.		23B, DATE SIGNED
= Uai	M.D. Atten	ding Med.	Stoff S	2/26/1-
Lawre to the	Phys.		Phys	2 28 161
23C. PHYSICIAN'S NAME (Type)	1	3D. ADDRESS	4. 1	1 -1, 2
Lawrence F. Monk	M.D.	Univers	1	705 PITOI
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CE	METERY OF CREA	MATORY 24D. L	OCATION (Cit	y, town, or county) (Stote)
1 3/3/1965 hot 1.	her.	1	rolto 1	mel
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTA	IAR	25C. EUNERAL DIRECTO	R	ADDRESS
MAR 4 1965 M. O 6 &	Inkey M.D.	Charmalals	Para in 1	3 . H. 1
VS 150-REV. 1/1/65		a Sanda Sanda	Am. 10001	rowy we
· V D - V				



00	BALTIMORE CI	TY HEALTH	DEPARTMEN
1 11.6			

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

2. DATE	AND	HOUR	PRONO UN CED	DEAD

TE	AND	HOUR	PRON	OUNCED	DEAD		
h	r1101	22 2	7	1065		2.32	

JEREMIAH STAFFORD 3 PLACE IN BALTIMORE, MARYLAND, WHERE PRONOLINGED DEAD

Benjamin Harrison

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A, STATE
B. COUNTY Maryland

6.5

FULL NAME OF HOSPITAL OR

M.E. CASE NO. 1. NAME OF DECEASED

> HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

### 2201 W. North Avenue

2201 W North Avenue

7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6 PACE R. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. WIDO WED. DIVORCED (specify) 79 colored male. 10A USUAL OCCUPATION (Give kind of work) 08. KIND OF RUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF

done during most of working life, even if retired) compenden

SECURITY NO.

WHAT COUNTRY?

13 FATHER'S NAME S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL

7. INFORMAN ADDRESS

ne adams CAUSE OF DEATH

Arteriosclerotic cardiovascular disease

4. MOTHER'S MAIDEN NAME

stunday INTERVAL BETWEEN

ONSET AND DEATH

### DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

Yes, no or unknown), (If yes, give wor or dates of service)

LED DIL

CATI

CERTIFI

EDICAL

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

### ANTECENDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED

20A, AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) hame, form, foctory, street, office bldg., NJURY OCCUR?

21D TIME OF INJURY (APPROX.) 22.

21E. INJURY OCCURRED m. WHILE AT NOT WHILE 21 F. HOW DID INJURY OCCUR?

I certify that I held an Inquiry resulted fram: Natural pauses

Inspection X Autopsy Accident Suicide

and that an this basis, death in my apinian Hamicide

Undetermined manner

ACTUAL SIGNATURE.

CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER

DATE SIGNED 2-28-65

**EXAMINER'S** Rudiger Breitenecker NAME (Type) 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)

23C. NAME of CEMETERY of CREMATORY losor 23D. LOCATION

(City, town, or county)

(Stote)

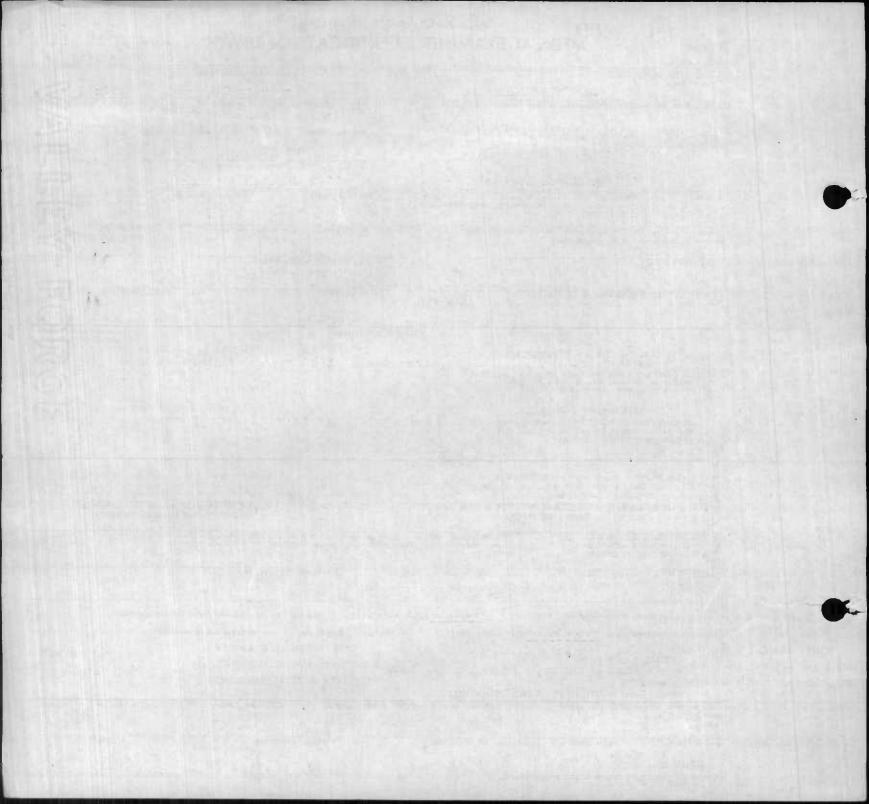
24A, DATE REC'D BY HEALTH DEPT.

21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

24B, NAME OF REGISTRAR

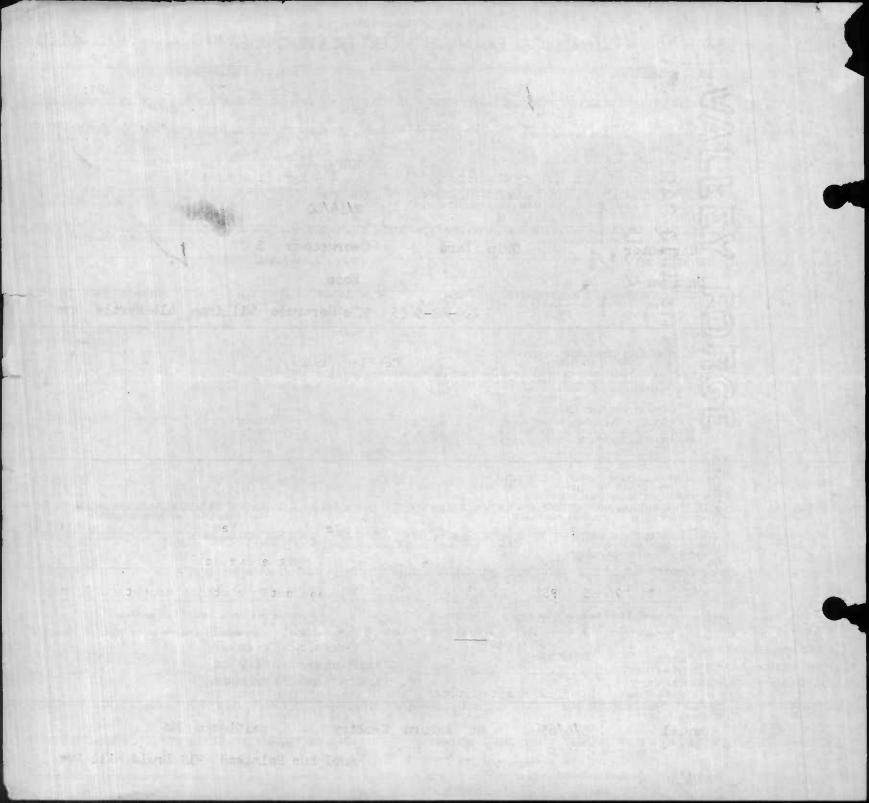
24C. FUNERAL DIRECTOR

VS 151-REV. 1/1/65



### BALTIMORE CITY HEALTH DEPARTMENT 423 BIRTH NO. 55 2410 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65 2410 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65

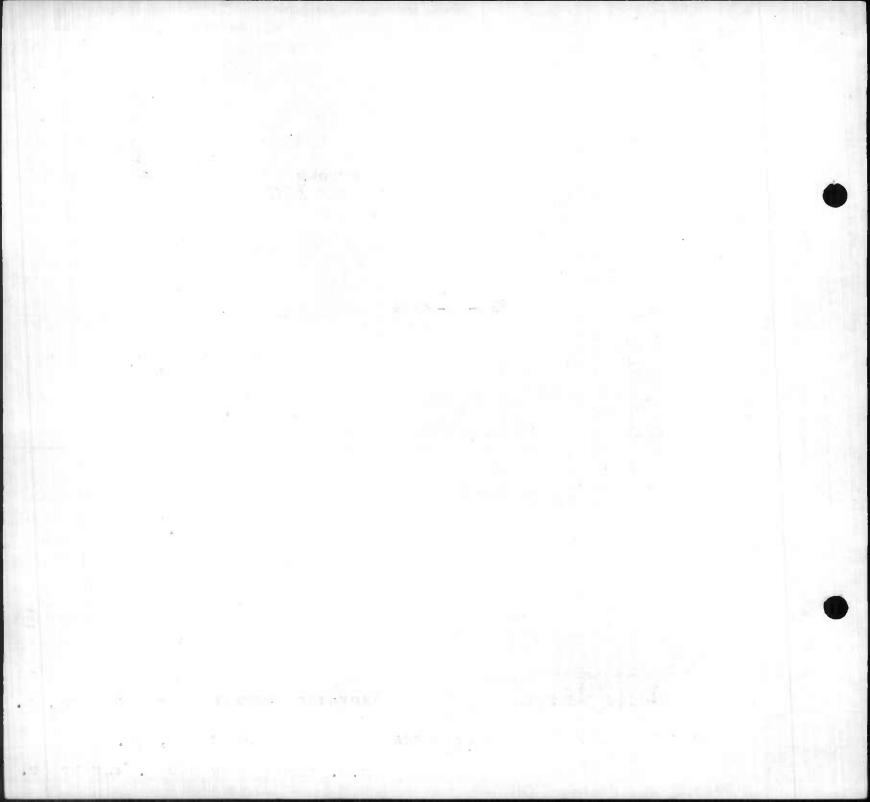
M.E. CASE NO.							Weep Date		
1. NAME OF DECEASED		a +* amo	•	2.		HOUR PRONOU		11.16	
3. PLACE IN BALTIMORE		S ALSTO		4. USUAL RESIDEN		ary 27, 19		11:16	
FULL NAME OF (IF	NOT IN HOSPITA	AL OR INSTITU	TON, GIVE STREET	A. STATE ME C. CITY OR TOWN  D. STREET ADDRES	aryland I (If outside Baltimo SS (If rorol,	l B. (corporate limits,	COUNTY		
5. SEX   6. RAC		7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In ye	ors If Unde	r 1 Yr. If Under 2	
	olored	W	DIVORCED (specily)	2/16/00		65			Min.
done during most of working  Carpenter  13. FATHER'S NAME		Ship	BUSINESS OR INDUSTRY	Georgeton	wn S	C	12. CITIZ WH	AT COUNTRY?	
Unknown				Rose	DEN NAME				
15. WAS DECEASED EVE (Yes, no or unknown) (If yes			16. SOCIAL SECURITY NO. 220-03-5685	M's Gert	rude	Williams	ADDRES	rtle Ave	•
(This does not me heart failure, as the injury or complication of the complication of the complication of the complex of the c	ENDENT CAUSE ON DITIONS, IF A VE CAUSE (A) S'	dying e.g., the disease, deoth.) :S	(A) CC DUE TO  (B) DUE TO	onflagratio	n				
OTHER SIGNIFICATO THE DEAT TO THE DEAT DISEASE OR CON 19A. DATE OF OPER	H BUT NOT RE	LATED TO T	HE	20 A. AUTOPSY? (	(Yes or No)	20B. IF YES, WER	E FINDINGS (	ON SIDERED	
0	WAS PER		WILLIAM STERATION	Yes		IN CERTIFYING C			
21A, EXTERNAL CAL UNDERLYING OR C UTING CAUSE OF 21D TIME (Mon	DEATH.	etc.J	PLACE OF INJURY (e.g., form, factory, street, c  Home  1E, INJURY OCCURRED	in or obout 21C. WHoffice bldg., INJURY C	yrtle		y, give exoct I	ocation)	
OF INJURY (APPROX.) 2 2						clothing	g caught	on fire	
	on: Natural ca	-	Inspection Aug	Homicide CHIEF ME	DICAL EX			DATE SIGN	IED
SIGNATURE_ EXAMINER'S NAME (Type)	Rudige	er Breit	enecker	ASSISTANT MEI		armen .		2-28-6	5
23A. BURIAL CREMATIC				CREMATORY	23 D. Le	OCATION (	City, town, or	county) (St	otel
REMOVAL (Specify) Burial	3/6/6	5	Mt Auburn	Cemetry	Ba	ltimore	Md		
24A. DATE REC'D BY HI		24R NAME	of REGISTRAR Day M.A	24C. FUNERAL		stead 91		Hill Ave	V
VS 151-REV. 1/1/65	MOSE	1 6	Year I was a second						



		BALTIMORE CIT	Y HEALTH DEPARTMENT		CE OALA
	H NO. 65 2411	CERTIFICA	ATE OF DEATH	Registered No.	65 2411
1. N	AME OF DECEASED	eunick	2. DATE AN	28/65	1115A
3. PI	LACE OF DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (When	e deceased lived. If	institution: residence before admission
H	OSPITAL OR oddress or location	institution, give street		BALTIM side city limits, write	ORE
10	MARGLAND G	EN. HOSPITAL	BALTIMO D. STREET ADDRESS (IF S	RE ural, give location)	11-0 2-
7 SI	EX G.RACE White ?	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 1) during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTR	0	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. F	FATHER'S NAME	- Proged	14. MOTHERS MAIDEN NAM		
	unknown.		ANNa Z	euini	ick
5. V Yes	Vas Deceased Ever in U. S. Armed Force no or unknown) (If yes, give wor or dates	s? 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
u	nknown	213-03-9932	Hospita	Bd	mission she
	18. 420,01	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRE	CTLY	a f		
		(A)/V	y polla ero	/	
_					
	(This does not mean the made of d heart failure, asthenia, etc. It means t	he disease,	agraphe of	east to	lene
	heart failure, asthenia, etc. It means the injury or complication which coused d	he disease,	to order for	tant to	lane.
	heart failure, asthenia, etc. It means the injury or complication which coused department of ANTECEDENT CAUSES	ne disease, leolh.) (B) DUE TO	to order to	Heart &	lene.
	hearl failure, asthenia, etc. Il means the injury or complication which coused department of the course of the cou	he disease, leath.) (B) DUE TO	toni ordero fi	Host &	lane.
	heart failure, asthenia, etc. It means the injury or complication which coused department of ANTECEDENT CAUSES	he disease, leath.) (B) DUE TO	to order to	east fa	lane.
	hearl failure, asthenia, etc. II means the injury or complication which coused do ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the above couse (A) is	he disease, leath.) (B) DUE TO	to order to	east ta	ilene.
ATION	hearl failure, asthenia, etc. II means the injury or complication which coused do ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the above couse (A) is	ne disease, leoth.)  (B)  DUE TO  Ty, giving stating the (C)  NTRIBUTING	to order for	tast to	ilene.
ERTIFICATION	heart failure, asthenia, etc. It means the injury or complication which coused at ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the above couse (A) structure to the couse (A) structure to the couse (A) of the country of	NTRIBUTING ED TO THE	20A. AUTOPSY? (Yes o No	20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
AL CERTIFIC	hearl failure, asthenia, etc. II means the injury or complication which coused department of the couse of the	NTRIBUTING ED TO THE	20A. AUTOPSY? (Yes o No in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
DICAL CERTIFIC	hearl failure, asthenia, etc. II means the injury or complication which coused of ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the above couse (A) sunderlying CONDITION last.  OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	NTRIBUTING ED TO THE  ITION FOR WHICH OPERATION  PARAGE  218. PLACE OF INJURY (e.g., home, form, factory, street, form, factory, street, head of the street, home, form, factory, street, head of the street, home, form, factory, street, head of the street, home, form, factory, street, head of the street, he	in or about 21 C. WHERE DID	(If in Boltimo	AUSES OF DEATH?
MEDICAL CERTIFIC	hearl failure, asthenia, etc. II means the injury or complication which coused of ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the above couse (A) is UNDERLYING CONDITION to state of the country of the DEATH BUT NOT RELATIONS OR CONDITION COUNTY OF THE DEATH BUT NOT RELATIONS OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITIONS COUNTRIBUTING CAUSE OF DEATH (notify medical examiner)	NTRIBUTING ED TO THE  STATE  TO THE  T	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	AUSES OF DEATH?
MEDICAL CERTIFIC	hearl failure, asthenia, etc. II means the injury or complication which coused of ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the abave couse (A) is underlying Condition lost.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT. DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITIONS CO THE DEATH BUT NOT RELAT. DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITIONS CO THE DEATH (AUSTOR) CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Yearl OF INJURY (APPROX.)	INTRIBUTING ED TO THE    Company	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	AUSES OF DEATH?
MEDICAL CERTIFIC	hearl failure, asthenia, etc. II means the injury or complication which coused of ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the abave couse (A) is underlying Condition to the DEATH but not relationable to the Condition of the DEATH but not relationable to the Condition of the DEATH but not relationable to the Condition of the DEATH but not relationable to the Condition of the DEATH but not relationable to the Conditional Cause of the DEATH (notify medical examiner)  21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21.D. TIME (Month) (Doy) (Yearl OF INJURY (APPROX.)	INTRIBUTING ED TO THE  ITION FOR WHICH OPERATION RMED  218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  (Hour)  218. INJURY OCCURRED  While At Not Why of the Mark was at warm of the work was at warm of the w	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	URY OCCUR?	AUSES OF DEATH?  DIE City, give exact location)
MEDICAL CERTIFIC	hearl failure, asthenia, etc. II means the injury or complication which coused of ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the above cause (A) sunderlying CONDITION last.  II OTHER SIGNIFICANT CONDITION COTO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION COTOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Yearl OF INJURY (APPROX.)	NTRIBUTING ED TO THE  ITON FOR WHICH OPERATION  PARKED  218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  While At Not Whork  Ottended the deceosed from olive on form form form.	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	URY OCCUR?	AUSES OF DEATH?  DIE City, give exact locotion)
MEDICAL CERTIFIC	hearl failure, asthenia, etc. II means the injury or complication which coused a ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the above cause (A) sunderlying CONDITION last.  II OTHER SIGNIFICANT CONDITION COTO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Yearl OF INJURY (APPROX.)  22. I certify that (I) (this hospital) that (I) (we) lost saw the deceased and hour and from the causes state	NTRIBUTING ED TO THE  ITON FOR WHICH OPERATION  PARKED  218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  While At Not Whork  Ottended the deceosed from olive on form form form.	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	URY OCCUR?	AUSES OF DEATH?  Dre City, give exact lacotion)  1965
MEDICAL CERTIFIC	hearl failure, asthenia, etc. II means the injury or complication which coused of ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the above cause (A) sunderlying CONDITION last.  II OTHER SIGNIFICANT CONDITION COTO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION COTOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Yearl OF INJURY (APPROX.)	NTRIBUTING ED TO THE  ITON FOR WHICH OPERATION REMED  218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  (Hour)  218. INJURY OCCURRED  While At Not Whork  ottended the deceosed from olive on dobove. (I) (We) (did) (did not)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY On the bldg., ond the view the body ofter death.	URY OCCUR?	DINION DEATH?  196.1  238. DATE SIGNED
MEDICAL CERTIFIC	hearl failure, asthenia, etc. II means the injury or complication which coused of ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the above couse (A) is UNDERLYING CONDITION to the DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Yearl OF INJURY (APPROX.)  22. I certify that (I) (this hospital) that (I) (we) lost saw the deceased and hour and from the couses state the Cause of Cause Ca	NTRIBUTING ED TO THE    Column	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJule on the view the body ofter death.	URY OCCUR?	AUSES OF DEATH?  Dre City, give exact location)  196.1  plnion death occurred on the death occurred occurred on the death occurred occurred on the death occurred occurred on the death occurred occurre
MEDICAL CERTIFIC	hearl failure, asthenia, etc. II means the injury or complication which coused of ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the above couse (A) is UNDERLYING CONDITION to st.  OTHER SIGNIFICANT CONDITION CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITIONS CO TO THE DEATH WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Yearl OF INJURY (APPROX.)  22. I certify that (I) (this hospital) that (I) (we) lost saw the deceased and hour and from the couses state 23A. SIGNATURE	NTRIBUTING ED TO THE    Column	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJule on the view the body ofter death.	URY OCCUR?  9 6 10 10 10 10 10 10 10 10 10 10 10 10 10	DIRECTOR DEATH?  DIRECTOR GIVE EXOCT locotion)  1965  DIRECTOR DIRECTOR DEATH?  238. DATE SIGNED  Merch 2, 196
MEDICAL CERTIFIC	hearl failure, asthenia, etc. II means the injury or complication which coused of ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the above couse (A) is UNDERLYING CONDITION to the DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Yearl OF INJURY (APPROX.)  22. I certify that (I) (this hospital) that (I) (we) lost saw the deceased and hour and from the couses state the Cause of Cause Ca	NTRIBUTING ED TO THE    Column	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJule on the view the body ofter death.	URY OCCUR?  9 6 10 10 10 10 10 10 10 10 10 10 10 10 10	DIRECTLY, give exoct locofion)  1965  1965  Pulnion death occurred on the death occurred and the death occurred an
MEDICAL CERTIFIC	hearl failure, asthenia, etc. II means the injury or complication which coused of ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the above couse (A) is UNDERLYING CONDITION to the DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Yearl OF INJURY (APPROX.)  22. I certify that (I) (this hospital) that (I) (we) lost saw the deceased and hour and from the couses state caused the couse of the couses state caused on the couse of	NTRIBUTING ED TO THE    Column	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY ON THE DID INJURY OCCUR?  21F. HOW DID INJURY ON THE DID INJURY OCCUR?  19 6	OURY OCCUR?  To to 72  To to 72  To to 72  To to 73  To to 74  To to 75  To	AUSES OF DEATH?  Dre City, give exoct locofion)  6:29  Plinton death occurred on the de
MEDICAL CERTIFIC	hearl failure, asthenia, etc. II means the injury or complication which coused of ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if or rise to the above couse (A) sunderlying Condition last.  OTHER SIGNIFICANT CONDITION COUNTY TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION COUNTY TO THE CONTRIBUTING CONTRIBUTION CONTRIB	INTRIBUTING ED TO THE    STATE   STATE   STATE	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  19	URY OCCUR?  9 6 1 to 72  at In(my) (our) of Stoff Phys. X	DIRECTOR DEATH?  DIRECTOR GIVE EXOCI locofion)  1965  1965  Plinion deoth occurred on the do  238. DATE SIGNED  Mexch 2, 196  SPITAL BALTO, M.  City, town, or county) (Stote)

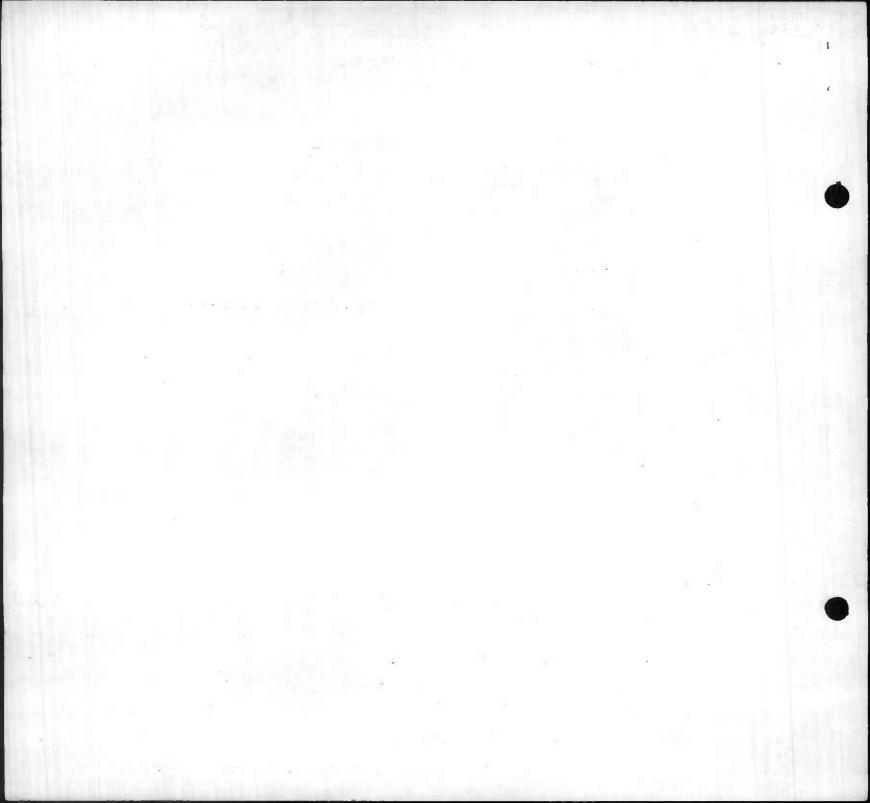
W. MEARS & SON 805

V\$ 150-REV. 1/1/65



	)
approved by the chief medical examiner or his assistant if death occurred in a hospital and of the the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the the checised before was in regular attendance on the checised before the deceased prior to death. Such	
1 + 1 D	
- D 0 E	
\$ + 9 0 4	
2 0 D 0 E	
50 S	
S C S	
0 0 0 0 0	
E _ 3 + L	2
_ 50 p 6 io	2
0 + D L 2 6	
7000	1
3.r. = 3.9 E	
rn rn eeg	,
0 0 0 1	
# . e . e . e	
00E 5	
P+1000	3
F 9 4 > F 5	1
== .4 ==	
B B B 0 -	
he he	
SS	
DA COOL	
sis On On On	
4 20 2 7	í
9 4 6 5 B	
P - D 0 - D	3
2000	
Fri o Be	,
0 - 4 - 0 e	)
XXX	3
- 0 C - E	n
S = S	
y di	3
o po o	5
Ph da	
do do o	
h 00 4	-
5 C C C C	
4 2 5 0	2
10 to	3
£ 1 5 €	3
P 8 = + 9 8	
9 4 6 9 5	
O O X X E	5
0 + E 0 0 0	5
B 2 + - @ 9	0
0 T 0 D = -	
pi pi	2
de de de	
Constant	
9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3
io io	2
A	2
# (25 8	3
T-6-00	
2000	)
200	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	

	BALTIMORE CITY	Y HEALTH DEPARTMENT	(	5 0840
BIRTH NO. 65 2412	CERTIFICA	TE OF DEATH	Registered No.	5 2412
M.E. CASE NO. O 1, NAME OF DECEASED (Type or Print)  Stewart	arriett also H	arriet 2. DATE AN	D HOUR OF DEATH	9 20
B. PLACE OF DEATH IN BALTIMORE, MARYLAND			e deceosed lived. If instituti	on: residence before odmission
FULL NAME OF (If not in hospital or institution)  HOSPITAL OR oddress or location) INSTITUTION	ition, give street	C. CITY OR TOWN . (If out	side city limits, write RURA	L ond five township)
T. T		Baltimo		
Franklin Square Ho	8p		or ST	3
	RRIED, NEVER MARRIED GWED, DIVORCED (specify)		9. AGE (In years II Mo	Under 1 Yr. II Under 24 Hr nths Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn countrý) 12.	CITIZEN OF WHAT COUNTRY?
Ft.W		Mary land	1	US
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
unknown		Unknow	n	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown] (II yes, give wor or dates of ser	vice) 1 6. SOCIAL	17. INFORMANT		ADDRESS
		Mrs. Dorothy E.	. Pittman, 9 F	usting Ave. # 2
18. 420.1	CAUSE (	ente Myocand Ossible)		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Λ	L 1/111 (	1' 1 ' 1 1 5	onger And Death
LEADING TO DEATH (This does not mean the mode of dying,	(A)	eule myocard	tal boyaction	***************************************
heart lailure, asthenia, etc. It means the dis	eose,			
injury or complication which caused death.)	(B) (D)	ossibles)	J	
ANTECEDENT CAUSES	DUE 10.			** **** **** *** *** *** *** *** *** *
DISEASES OR CONDITIONS, il any, grise lo the above cause (A) stating				
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No		NGS CONSIDERED
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19R. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING	IN CERTIFYING CAUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City	, give exoct locotion)
OF INJURY (Month) (Doy) (Year) (Hour		21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work At Work			
22. I certify that (I) (this hospital) atten	ded the deceased from	3/3-	19 b ( to 3 /	7- 19 60
that (1) (we) lost saw the deceosed olive				death occurred on the d
ond hour and from the causes stated abo				
23A. SIGNATURE	1		23B	DATE SIGNED
Burne Ka		lending Med.	Stoff Phys.	3/2/15
23C. PHYSICIAN'S		23D. ADDRESS	Tily s. Cal	12/03
NAME (Type)	K. M.D.	Ira Illi	n Souple	HACD
24A. BURIAL CREMATION, 24B DATE 2	4C. NAME of CEMETERY of CI	1.100,001	OCATION (City, Is	wn, of county) (State)
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 3/6/1965	Loudon Park Cer		6	Baltimore, Md.
	AME OF REGISTINAR	25C. FUNERAL DIRECTOR		ADDRESS
MAK 5 1965 02	But Extarbusha	Howard H. Hul	bbard, 4107 Wi	1kens Ave. # 29
VS 150-REV. 1/1/65		11 4 1		



BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH death occurred in a hospital and t or contributing cause of death Undetermined cause; (5) Deceased on the M.E. CASE NO. Such I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 1965 Lowry, Gertrude I. March 3 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR INSTITUTION (If outside city limits, write RURAL and give address or location) C. CITY OR TOWN attend 0 prior (If rurol, give location) St. Joseph Hospital 2024 Swansea Rd. made. ular 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 5. SEX eceased WIDOWED DIVORCED (specify) lost-bigthdoy) Female white IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) isposition done during most of working life, even if retired) = Homemaker Ö Maryland SID 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME the 4 Frederick Ermer Florence Atkinson eath uo kind; 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown)[(If yes, give wor or dates of service) 17. INFORMANT 6. SOCIAL final SECURITY NO. attendance Raymond B any CAUSE OF DEATH pronounced 10 DISEASE OR CONDITION DIRECTLY Also, of embalmed LEADING TO DEATH Uremia fracture (This does not mean the mode of dying, e.g., DUE TO hearf failure, asthenia, etc. If means the disease, the chief medical examiner regular injury or complication which caused deoth.) Chronic Glomerulonephritis ANTECEDENT CAUSES 40 are 4 DISEASES OR CONDITIONS, if any, giving <u>e</u> la the obove cause (A) stofing the physician remains UNDERLYING CONDITION iast. Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 WAS PERFORMED before to the hospital by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 3 (If in Boltimore City, give exact location) ° MEDICAL DEATH (notify medical examiner) nature; 3 obtained (Month) (Doy) (Year) 21 E. INJURY OCCURRED 2) F. HOW DID INJURY OCCUR? 9 OF INJURY Not While While At (APPROX.) Work At Work and any 22. I certify that (I) (this hospital) attended the deceased from 65 March 3 that (1) (we) last saw the deceased alive on. and that in (my) (our) opinion death occurred on the dote eath) of hospital and hour and from the couses stated above. (I) (We) (did) (did not) view the body after deoth. the body was released must An accident 23A. SIGNATURE Ö Attending Phys. Med. M.D. 10 Director \_ approval 0 23D. ADDRESS 23C. PHYSICIAN'S prior to NAME (Type) 1400 N. Caroline St. Salvador Marse! Baltimore 24A. BURIAL CREMATION, 24B. DATE shows: (1) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) eceased O REMOVAL (Specify) Burial 3-6-1965 Baltimore Cemeterv Baltimore. SD 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH 25C. FUNERAL DIRECTOR Eugenia I. Seitz 5209 York Road 3 VS 150-REV, 1/1/65

If Under 1 Yr. Months: Doys

12. CITIZEN OF WHAT COUNTRY?

If Under 24 Hrs. Hours : Min.

Hours

U.S.A

ADDRESS

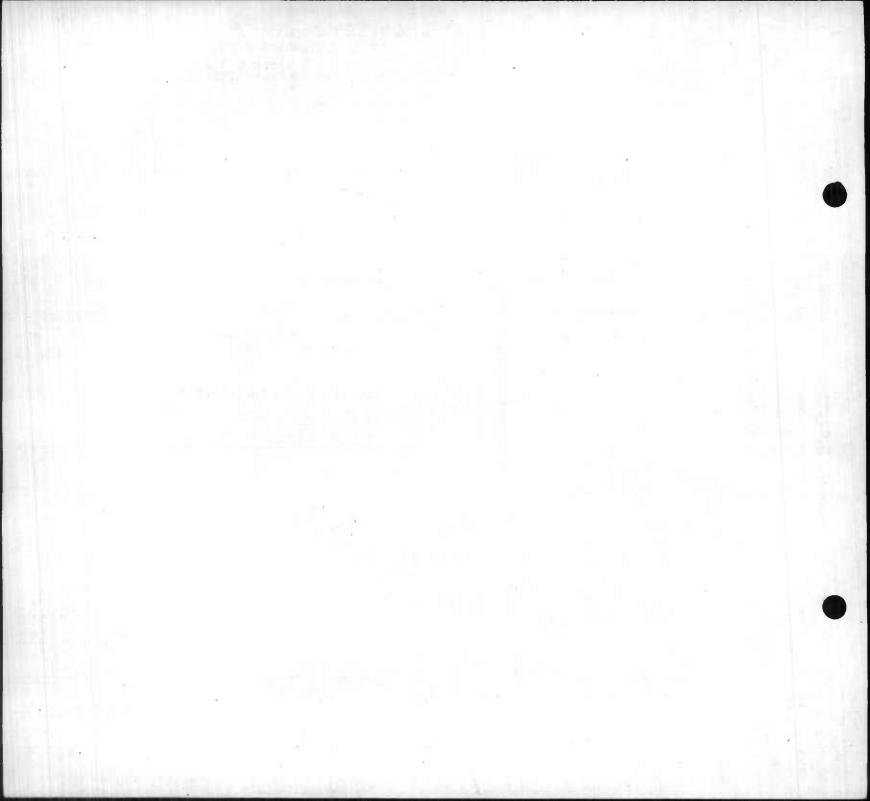
23B. DATE SIGNED

ADDRESS

Rd. Son

INTERVAL BETWEEN

ONSET AND DEATH



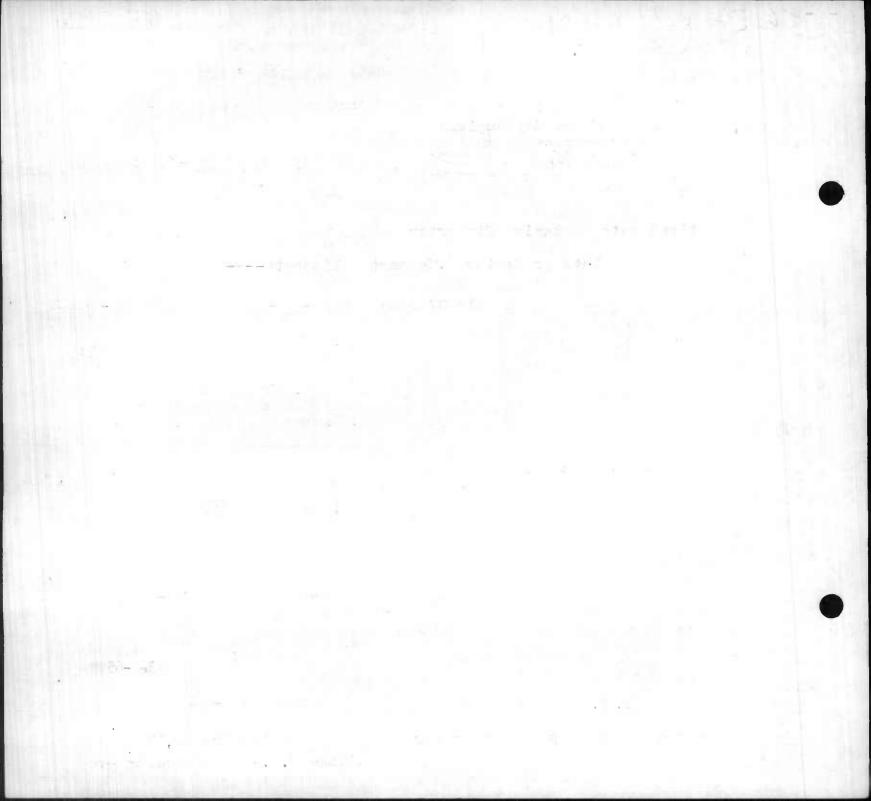
### was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

		BALTIMORE CIT	Y HEALTH DEPARTMENT								
T	H NO. 65 2414	CERTIFICA	TE OF DEATH	Registered Na.	65 2414						
1. N (Ty;	AME OF DECEASED JAMES +	4. SNYDE	R 3	2 65	5:25A. M						
	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN		stitution; residence before odmission)						
FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR oddress or location) INSTITUTION		C. CITY OR LOWN (If outside city limits, write RURAL and give township)									
	0		D. STREET ADDRESS (IF	ruiol, give locotion)	0240						
3	outh Bultimore General	HOSPITAL RIED. NEVER MARRIED	109 H	19. AGE (In years	16 H. J. 1 V. 16 H. J. 26 H.						
1	ble White M	OWED, DIVORCED (specify)	10123178	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
	. USUAL OCCUPATION (Give kind of work 10B. KIN  o during most of working lite, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?						
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME							
	George Snyder		Corinda								
15. (Ye:	Was Deceased Ever in U.S. Armed Forces? 5, no or unknown! (If yes, give wor ar dates of serv	security No.	17. INFORMANT		ADDRESS						
	18. 493X I	CAUSE	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Ones -	0)							
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis		and a state of the		***************************************						
LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION tost.											
						ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			7.130	
						ERTIFICA	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?	
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)						
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At  Not Whi Work  At Work		URY OCCUR?							
	22. I certify that (\$) (this hospital) attend			19 65 10 3	19 65						
	that (2) (we) last sow the deceased alive			nat in ( aur) api	nian death accurred an the date						
	and have and from the causes stated about 23A. SIGNATURE	ve. (I) (We) (dld) (dld nat)	view the bady after death.		23B. DATE SIGNED						
	M.D. Avending Med. Stoff Phys. All 312 65										
	23C. PHYSICIAN'S NAME (Type)	M D M.D.	1213 Lisht	St B	alta Kal						
244	CHUNG K. BAE,	4C. NAME of CEMETERY OF CR	idio Figici	OCATION (C	ity, town, or county) (State)						
1	Bunl 3-5 65 Keiders Com. Wastmirten jand.										
254	MAR 5 1965	ME ON RECOSTRAN	Mc Cally Fre	erl Hare o	237 Par. ane						
VS	150-REV. 1/1/65										

Carrieda To see 10 1128 At They I EVAL

FUNERAL DIRECTOR: IMPORTANT	42-95- IB/
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	565

10			BALTIMORE CITY	HEALTH DEPARTMENT		OF	OALE
BIRTH NOW	65 2	415	CERTIFICA	TE OF DEATH	Registered No	. 60	2415
NAME OF DECI	EASED W				AND HOUR OF DEAT	Н	
Type or Pont)	rederick Me	mment.			h 3. 1965		5:15 P
	TH IN BALTIMORE,			4. USUAL RESIDENCE (	Where deceased lived. II	institution; re	
					YNUC	5)	7-18
FULL NAME O	F (If not in hasp oddress ar lac	ital ar institut ation)	ion, give street	Maryland	f outside city limits, writ	e RURAL ond	give township)
INSTITUTION	Baltimore	City 1	Hospitals	Baltimore			
	4940 East	ern Ave	enue	D. STREET ADDRESS	(If rurol, give location)		
	Baltimore	, Mary	land 21224	3508 Belvede	ere Avenue -	21215	
. SEX	6. RACE		RIED, NEVER MARRIED DWED, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years last birthday)		1 Yr. II Under 24 H Days Hours Min.
Male	White		ried	8-13-89	75		
	JPATION (Give kind af warking life, even if retir		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZ	TEN OF AT COUNTRY?
	Auto Mecl		Pinkerton	Maryland			USA
3. FATHER'S NAM				14. MOTHER'S MAIDEN	NAME		
	late	Frede	rick W.Memmer	t Elizabet	h		
5. Was Deceased	Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT			ADDRESS
es, na ar unkna wn	(II yes, give war ar	dates of serv	ice) SECURITY NO.	D DGTT	1010 5		//03.00 /
110			218 07 3628		-4940 Eastern		
1B. 8 5		- In F C - 1 1		eumococcal			INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION LEADING TO DEA		Pne	eumonia			2 days
	ol meon the mode		(M)	5 WHOTILE			c uays
	asthenio, etc. It me uplication which cau						
	ANTECEDENT CAU		(8)	terio Scleroti			5 years
	OR CONDITIONS,		MID O	ascular Diseas	se & cerebral	-	
	above cause		the (C) II	nsufficiency	rm 8 8 m mm 8 h 8 8 5 5 6 h 8 h 6 6 6 6 8 8 8 8 6 6 6 6 6 6 8 8 8 8	00001000000000000000000000000000000000	n n n hwá hn n n000 0 fili i h0 000 k0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
UNDERLYING	G CONDITION lost.						
Z OTHER SIGNI	11						
P TO THE D	FICANT CONDITION	RELATED TO	THE				
DISEASE OR	OPERATION 1198.		FOR WHICH OPERATION	[20A, AUTOPSY? (Yes o	r No) 208, IF YES, WEI	E FINDINGS	CONSIDERED
19A. DATE OF		PERFORMED	O. MINON O. MANON		IN CERTIFYING	CAUSES OF	DEATH?
21A. ACCIDEN	NT WAS UNDERLYIN	IG	21B. PLACE OF INJURY (e.g., i	Yes	D (II in Boltin	nore City, give	e exact lacation)
OR CONTRIBL	JTING CAUSE OF medical examiner		home, farm, lactory, street, al	fice bldg., INJURY OCCUI	R?		
U	(Manth) (Day) (Y	ear) (Haur)	21E INJURY OCCURRED	216 HOW DID	INJURY OCCUR?		
S OF INJURY	(Ividnin) (Day) (I	eun (maun	While At Not While		INJURT OCCUR!		
(APPROX.)			Wark At Wark				
22. 1 certify	that (1) (this hosp	sital) attend	led the deceased from	2-26	1965 10 3-	-3-	19.65
that (1) (we)	lost saw the dece	eased alive	on 3-	3 19 65 an	d that in (my) (aur) o	pinian deat	th accurred on the d
and haur and	d fram the causes	stated abov	ve. (1) (We) (did) (did nat) v	iew the bady after dea	ith.		
23A. SIGNAYU		11	7		0 /	23B. DAT	E SIGNED
	17,	6 0	M.D. Atte	ending Med.	Stoff	3-3-	65
23C. PHYSICIA	N'S	eun	~	23D. ADDRESS		J-J-	
NAME (T	ype)	8.	M.D.		1010	221	
24A BUBIAL COL	Dr. M. Sch				Avenue- #212		r county) (Cinta
REMOVAL	MATION, 24B. DATI		IC. NAME of CEMETERY or CRI	EMAIORT 24	D. LOCATION	(City, town, a	or county) (State
Burial	3/8/6		Loudon Park	Be	altimore 29	. Md	
25A. DATE RECEP	BY HEALTH DEPT.	258. NA	ME OF REGISTRAR	25C, FUNERAL DIREC	4101 Edmo		ADDRESS
į į į į	AR 5 1965	Olalso.	5 E. Janker M.D	O POLICE	TOT EGIL	mason	₩V 6
VS 150-REV. 1/1/	65			16-7			

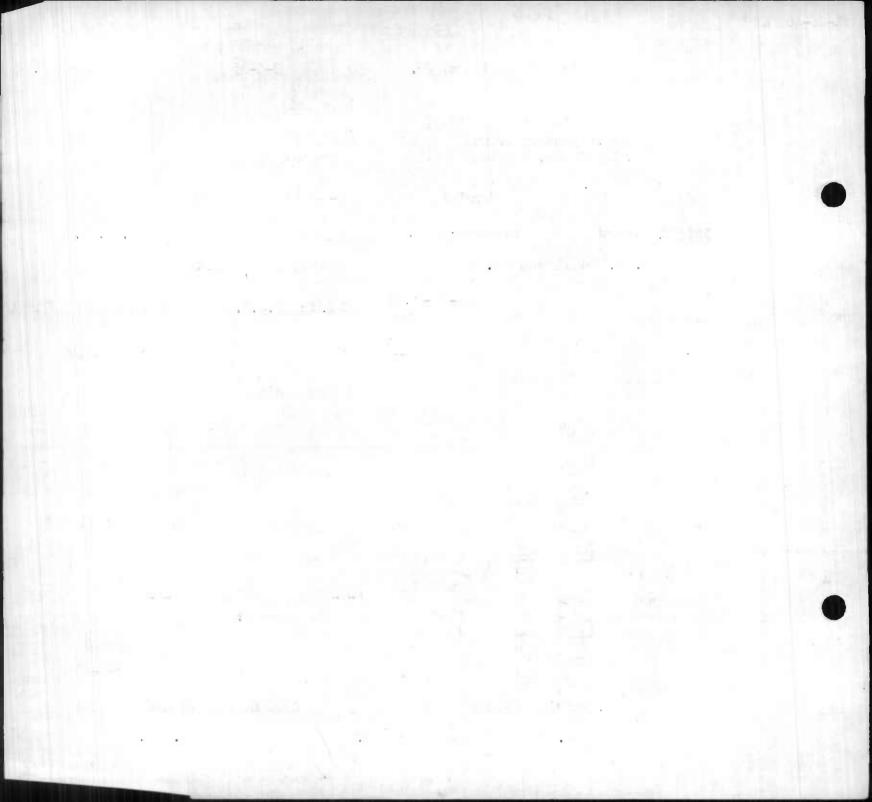


and the second transfer

6 65 241	BALTIMORE CIT	Y HEALTH DEPARTMENT	65 2417
BIRTH NO.	CERTIFICA	ATE OF DEATH X Register	
N.E. CASE NO.		2. DATE AND HOUR OF	DEATH
Type or Print) ORNDORFF,		3-3-65	8:45 P <sub>N</sub>
PLACE OF DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where deceased li A. STATE B. COUNTY	ved. If institution: residence before admission
FULL NAME OF (If not in hospital	or institution, give street	MARYLAND	Ballo
INSTITUTION ST. AGNES		CATONSVILLE 28	s, write RURAL and give township)
WILKENS &		D. STREET ADDRESS (If rurol, give loc	otion)
	29, MARYLAND	5933 ROBIN DALE R	D.
MALE 6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  1-7-07  9. AGE (In your lost birthday)	eors If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of word one during most of working life, even if refired) TIME KEEPER		Y 11. BIRTHPLACE (State or foreign country)  MARYLAND	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME ADAM ORNDORFF		14. MOTHERS MAIDEN NAME LUCY CONNOR	
5. Was Deceased Ever in U. S. Armed Fo (es, no ar unknown) (If yes, give war ar dat	es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	705 07 7953	ST.AGNES RECORDS	WILKENS & CATON AVI
18. 4 20111	CAUSE	TE MYOCARDIAL I	INTERVAL BETWEEN
rise to the obove couse (A) UNDERLYING CONDITION tost.  II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL	CONTRIBUTING ATED TO THE		
	NDITION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES	WERE FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in office bldg., INJURY OCCUR?	Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR	
(APPROX)	While At Not Wh	ile	
22. I certify that (this hospital	il) attended the deceosed from	19 65 to	3-3-
that A (we) last sow the deceas	ed olive on 3-3-	19 65 and that In (my) (	aur) apinian death occurred on the da
and haur and from the couses sto	oted obove. (#) (We) (did) (did not)	view the bady after death.	
23A. SIGNATURE	no I		23B. DATE SIGNED
J. N. R	Morey M.D. A.	ys. Med. Stoll Phys.	3-4-65
PAME (Type) F.D. DIA	RCY M.D	23D. ADDRESS ST.AGNES HOSPITAL	., WILKENS & CATON
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 3/8/6	55 St. John's Cme		Lane, Ellicottc
SA. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAK 5 1965	Wolab E. Salke M.A	Witzke F.D. 4101 E	dmondson Ave
S 150-REV. 1/1/65		~	

- STILLING BULLING YAR TELL TRANSPORT OF A SECOND A LONDON THE THE THE APPARITURE TO ST We will be to be a second

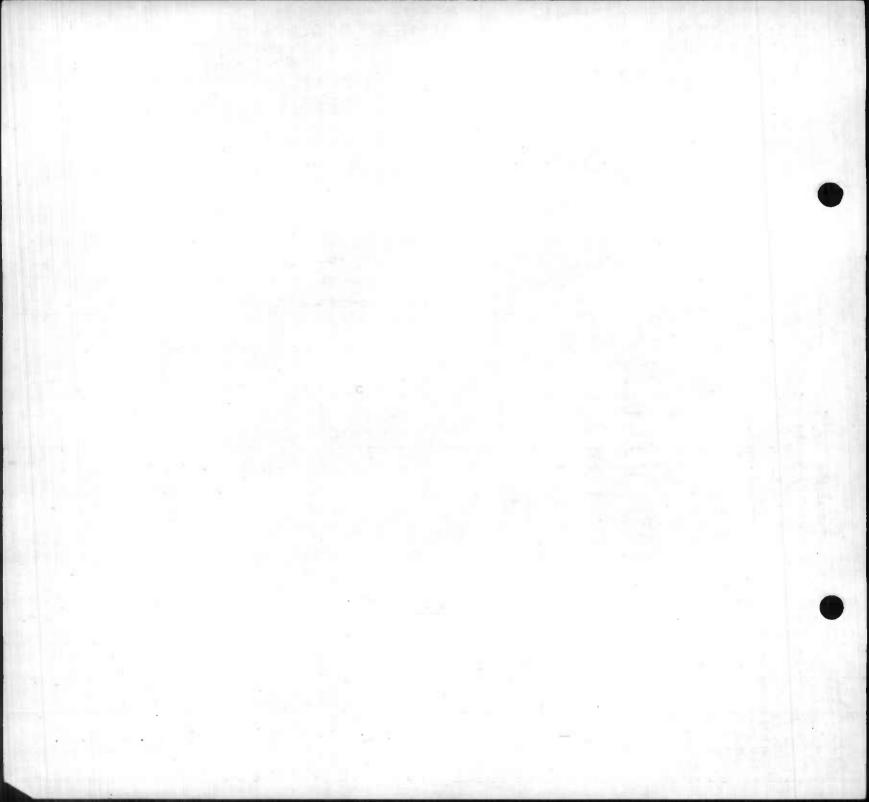
	The state of the s	418	BALTIMORE CITY	HEVELLI DEL VVIMELLI		- m () 4 ( ( )	
IRTH NO.	65 2	1.1.0	CERTIFICA	TE OF DEATH	Registered Na	.65 2418	
AL CASE NO.			CLITTICA		D HOUR OF DEATI	u -	
NAME OF DECE							-
PLACE OF DEA	Willi:	am Don	aldson, Jr.	3-4		institution: residence before od	P. /
. TEACE OF DEA	III III DALIIII OKE IIIA	MILAND		A. STATE B. COUN		This month, residence belove ou	118 3 310 1
FULL NAME DE	F (If not in hospital	or institution	n, givo streot	Maryland	6-6	)4	
HOSPITAL DR	Baltimore	"City	Hospitals		sido city limits, write	RURAL ond give township)	
	4940 East	_	_	Baltimore D. STREET ADDRESS (If	urol, give location)		
	Baltimore						
	6. RACE			406 North Che	o, AGE (In years	If Under 1 Yr., If Under	04.11
. SEX	o. RACE		D, NEVER MARRIED (ED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours	Min.
Male	White		Married	7-4-1909	55		
	IPATION (Give kind of world vorking life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
	Guard	Pin	kerton D.	Maryland		U. S. A.	
FATHERS NAM				14. MOTHER'S MAIDEN NAM	AE		
Wr	. H. Donadd	son Sr		Katherine	Baumann		
	Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT	Dadmann	ADDRESS	
es, no or unknown)	(If yes, give wor or dote	es of sorvico	SECURITY NO. 216-09-9684	THE SERVICE OF		CDNUTSS	
			210-09-9084	RECORDS: B.C.	H. 4940 E	astern Avenue	1212
18.	7 X - 1		CAUSE	F DEATH		INTERVAL BETWE	
	E OR CONDITION DI	RECTLY					
	LEADING TO DEATH	a.e	(A) Pnet	monia		5 Days	
	ot meon lhe mode of osthenia, etc. Il meons						
1 1			-,				
injury or com	plication which coused			hal Thrombosis		6 Dorra	
	plication which coused ANTECEDENT CAUSES	deoth.)		ebral Thrombosis		6 Days	
DISEASES O	ANTECEDENT CAUSES	l deoth.) ; any, givin	(B) Cer	ebral Thrombosis		6 Days	••••
DISEASES O	ANTECEDENT CAUSES  R CONDITIONS, if obove cause (A)	l deoth.) ; any, givin	(B) Cer	ebral Thrombosis	***************************************	6 Days	••••••
DISEASES O	ANTECEDENT CAUSES	l deoth.) ; any, givin	(B) Cer	ebral Thrombosis		6 Days	-0000000000
DISEASES O rise to the UNDERLYING	ANTECEDENT CAUSES  R CONDITIONS, if obove cause (A) CONDITION lost.	I deoth.)  any, givin	(B) Cero	ebral Thrombosis		6 Days	-000000
DISEASES O	ANTECEDENT CAUSES  R CONDITIONS, if obove cause (A) o CONDITION losi.  FICANT CONDITIONS CEATH BUT NOT RELA	deoth.) any, givin slaling If	(8) Cere	ebral Thrombosis		6 Days	•••••
DISEASES O	ANTECEDENT CAUSES  R CONDITIONS, if obove cause (A) CONDITION lost.  II FICANT CONDITIONS CONDITION CAUSING CONDITION (AUSING) OPERATION [198, CON	any, givin slaling It	(8) Cere		208. IF YES, WER		
DISEASES O	ANTECEDENT CAUSES  R CONDITIONS, if obove cause (A) CONDITION loss.  II FICANT CONDITIONS C EATH BUT NOT RELACED ONLY CAUSING	any, givin slaling It	(B) Cero	20A. AUTOPSY? (Yes or No	20B. IF YES, WER		
DISEASES OF TISE TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TISEASE OF TISEAS	ANTECEDENT CAUSES  IR CONDITIONS, if obove cause (A) CONDITION lost.  II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING OPERATION 198. CON WAS PER	any, givin stating the contribution of the contribution for the contribu	(8) Cere Due To  ING THE R WHICH OPERATION	20A. AUTOPSY? (Yes or No No in or obout 21 C. WHERE DID			1000000000
DISEASES OF THE DISEASE DR OF THE DISEASE DR OF THE DISEASE DR OF THE DISEASE DR OF CONTRIBUTE OF THE DISEASE DR OF CONTRIBUTE OF THE DISEASE DR OF CONTRIBUTE OF THE DISEASE DR OF THE DISEASE	ANTECEDENT CAUSES  IR CONDITIONS, if obove cause (A) CONDITION loss.  FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING OPERATION 198. CONWAS PER	any, givin stating It	(8) Cere Due To  ING THE R WHICH OPERATION	20A. AUTOPSY? (Yes or No		E FINDINGS CONSIDERED AUSES OF DEATH?	
DISEASES OF TISE TO THE DISEASE OR TO THE DIDISEASE OR TO THE DIDISEASE OR TO THE DIDISEASE OR CONTRIBUTION OR CONTRIBUTION OF	ANTECEDENT CAUSES  IR CONDITIONS, if obove cause (A) OCONDITION lost.  II FICANT CONDITIONS CEATH BUT NOT RELACEDNDITION CAUSING OPERATION 198. CONWAS PER  IT WAS UNDERLYING TING CAUSE OF medical examines)	any, givin stating it	(8) Cere DUE TO  ING THE  R WHICH OPERATION  The PLACE OF INJURY (e.g., ome, form, foctory, street, cetc.)	20A. AUTOPSY? (Yes or No No in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?	
DISEASES OF THE DISEASE DR OF THE DISEASE DR OF CONTRIBUTION OF THE DISEASE DR OF TH	ANTECEDENT CAUSES  R CONDITIONS, if obove cause (A) CONDITION lost.  II FICANT CONDITIONS CEATH BUT NOT RELACED TO THE CONDITION CAUSING OPERATION 199B. CONWAS PER  IT WAS UNDERLYING TING CAUSE OF	any, givin stating the contribution of the contribution for the contribu	(8) Cere DUE TO  ING THE  R WHICH OPERATION  The PLACE OF INJURY (e.g., oome, form, foctory, street, come, form, foctory, street, co	20A. AUTOPSY? (Yes or No  NO in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?	
DISEASES OF THE DISEASE OF THE DISEA	ANTECEDENT CAUSES  IR CONDITIONS, if obove cause (A) OCONDITION lost.  II FICANT CONDITIONS CEATH BUT NOT RELACEDNDITION CAUSING OPERATION 198. CONWAS PER  IT WAS UNDERLYING TING CAUSE OF medical examines)	any, givin stating It CONTRIBUTI ATED TO ITO ITO ITO ITO ITO ITO ITO ITO ITO	(8) Cere Due To  ING THE R WHICH OPERATION  The PLACE OF INJURY (e.g., ome, form, foctory, street, cetc.)  TE. INJURY OCCURRED	20A. AUTOPSY? (Yes or No NO in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJ	(If in Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?	
DISEASES OF THE DISEASE OF THE DISEA	ANTECEDENT CAUSES  IR CONDITIONS, if obove cause (A) OCONDITION lost.  II FICANT CONDITIONS CEATH BUT NOT RELACEDNDITION CAUSING OPERATION 198. CONWAS PER  IT WAS UNDERLYING TING CAUSE OF medical examines)	any, givin stating It CONTRIBUTI ATED TO IT. HOTTION FORMED	(8) Cere Due To Due To  ING THE  R WHICH OPERATION  The PLACE OF INJURY (e.g., ome, form, foctory, street, otto.)  The INJURY OCCURRED  White At Nork  Nork	20A. AUTOPSY? (Yes or No NO in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJ	(If in Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)	
DISEASES OF TISE TO THE DISEASE DR OF TO THE DISEASE DR OF TISEASE DR OF TISEASE DR OF TISEASE DR OF CONTRIBUTION TO THE DISEASE DR OF CONTRIBUTION TO THE DISEASE DR OF CONTRIBUTION TO THE DEATH (notify)  21. I certify	ANTECEDENT CAUSES  IR CONDITIONS, if obove cause (A) CONDITION lost.  II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING OPERATION 198. CON WAS PER  IT WAS UNDERLYING TING CAUSE OF medicol exomines)  (Month) (Doy) (Yoot)	any, givin stating the stating of th	(8) Cere Due To Due To  ING THE R WHICH OPERATION  The PLACE OF INJURY (e.g., ome, form, foctory, street, cetc.)  The Injury Occurred White At Not White At Work  The deceased from	20A. AUTOPSY? (Yes or No NO in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJ	(If in Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)	
DISEASES OF ITS A LINE OF INJURY (APPROX.)  DISEASE DR OF CONTRIBUTED OF INJURY (APPROX.)  22. I certify that (I) (we)	ANTECEDENT CAUSES  R CONDITIONS, if obove cause (A) CONDITION lost.  FICANT CONDITIONS CEATH BUT NOT RELY CONDITION CAUSING OPERATION 198. CON WAS PER  IT WAS UNDERLYING TING CAUSE OF medical examined  (Month) (Doy) (Yoot)  that (1) (this hospital	any, givin stating It CONTRIBUTI ATED TD IT. ADDITION FOIL (Hour) 2 her control of the control o	(B) Cere Due to Due to  ING THE  R WHICH OPERATION  The place of Injury (e.g., ome, form, foctory, street, otto.)  The injury occurred  White At Not White At Work  It the deceased fram  3-4-	20A. AUTOPSY? (Yes or No NO in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJ	(If in Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)	
DISEASES OF THE DISEASE DR. OF THE DISEASE DR. OF THE DISEASE DR. OF THE DISEASE DR. OR CONTRIBUTED DEATH (notify)  21D. TIME OF INJURY (APPRDX.)  22. I certify that (I) (we)	ANTECEDENT CAUSES  R CONDITIONS, if obove cause (A) is CONDITION lost.  FICANT CONDITIONS CEATH BUT NOT RELY CONDITION CAUSING OPERATION 19B. CON WAS PER  IT WAS UNDERLYING TING CAUSE OF medical examines  (Month) (Doy) (Yoot)  that (1) (this hospital last saw the decease I fram the causes sta	any, givin stating It CONTRIBUTI ATED TD IT. ADDITION FOIL (Hour) 2 her control of the control o	(B) Cere Due to Due to  ING THE  R WHICH OPERATION  The place of Injury (e.g., ome, form, foctory, street, otto.)  The injury occurred  White At Not White At Work  It the deceased fram  3-4-	20A. AUTOPSY? (Yes or No No in or about 21C, WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJ	(If in Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)	
DISEASES OF THE DISEASE DR OF	ANTECEDENT CAUSES  R CONDITIONS, if obove cause (A) is CONDITION lost.  FICANT CONDITIONS CEATH BUT NOT RELY CONDITION CAUSING OPERATION 19B. CON WAS PER  IT WAS UNDERLYING TING CAUSE OF medicol examined  (Month) (Doy) (Yoot)  that (1) (this hospital last saw the decease I fram the causes sta	any, givin stating It CONTRIBUTI ATED TD IT. ADDITION FOIL (Hour) 2 her control of the control o	(B) Cere Due To Due To  ING THE  R WHICH OPERATION  The PLACE OF INJURY (e.g., ome, form, foctory, street, cetc.)  The Injury Occurred  White At Not White At Work  At Work  The Management of the deceased from 1	20A. AUTOPSY? (Yes or No No in or obout 21C. WHERE DID injury occur?)  21F. HOW DID INJury occur?  21F. HOW DID INJury occur?	URY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  OTE City, give exact location)  B-4-  Plnian death accurred an exact location are given by the control of the control	
DISEASES ON ITSE TO THE SIGNIFT TO THE DIDISEASE DR. 1904. DATE OF 1904. DATE OF 1904. DEATH (notify (APPRDX.)  21. I certify that (I) (we) and haur and 23A. SIGNATU	ANTECEDENT CAUSES  R CONDITIONS, if obove cause (A) CONDITION lost.  FICANT CONDITIONS CEATH BUT NOT RELACED NOT RELACED NOT THE CONDITION CAUSING WAS PER LIT WAS UNDERLYING TING CAUSE OF medical examines)  (Month) (Doy) (Yoot)  that (1) (this hospital last saw the decease of fram the causes stare)	any, givin stating It CONTRIBUTI ATED TD IT. ADDITION FOIL (Hour) 2 her control of the control o	(B) Cere Due To Due To Due To One (C)  ING THE  R WHICH OPERATION  The PLACE OF INJURY (e.g., ome, form, foctory, street, of the comment of t	20A. AUTOPSY? (Yes or No No in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJ 18	(If in Boltim URY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  3-4- 19- pInlan death accurred an incomplete the second of the second o	
DISEASES OF STATE OF THE DISEASE DR OF THE DISEASE DR OF THE DISEASE DR OF CONTRIBUTION TO THE DISEASE DR OF CONTRIBUTION TO THE DISEASE DR OF CONTRIBUTION TO THE DISEASE DR OF THE DISEASE DR	ANTECEDENT CAUSES  R CONDITIONS, if obove cause (A) CONDITION lost.  FICANT CONDITIONS CAUSING OPERATION 19B. CON WAS PER  IT WAS UNDERLYING TING CAUSE OF medical examines  (Manth) (Doy) (Yaot)  that (1) (this hospital last saw the decease I fram the causes sta	any, givin stating It CONTRIBUTI ATED TD IT. ADDITION FOIL (Hour) 2 her control of the control o	ING THE  R WHICH OPERATION  The PLACE OF INJURY (e.g., ome, form, foctory, street, otto.)  The Injury Occurred Mork At Work At Work  The Injury Occurred Fram  The Injury Occurred At Work  Th	20A. AUTOPSY? (Yes or No No in or obout 21C. WHERE DID injury occur?)  21F. HOW DID INJury occur?  21F. HOW DID INJury occur?	URY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  OTE City, give exact location)  B-4-  Plnian death accurred an exact location are given by the control of the control	
DISEASES OF UNDERLYING  DITHER SIGNII TO THE DI DISEASE DR OF 19A. DATE OF  OR CONTRIBU DEATH (notify)  21D. TIME OF INJURY (APPRDX.)  22. I certify that (I) (we) and haur and 23A. SIGNATU  23C. PHYSICIA NAME (T)	ANTECEDENT CAUSES  R CONDITIONS, if obove cause (A) is CONDITION lost.  II FICANT CONDITIONS CEATH BUT NOT RELY CONDITION CAUSING OPERATION 19B. CON WAS PER IT WAS UNDERLYING TING CAUSE OF medicol examines)  (Month) (Doy) (Yoot)  that (1) (this hospita last saw the decease I fram the causes sta  RE  NS (Po)  Dr. Marvi	any, givin stating it CONTRIBUTI ATED TO IT	(B) Cere Due To Due To Due To  ING THE  R WHICH OPERATION  The PLACE OF INJURY (e.g., ome, form, foctory, street, of the comments of the comme	20A. AUTOPSY? (Yes or No No in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJ  19 65 and the view the bady after death.  ending Med. piraclor 23D. ADDRESS	(If in Boltim URY OCCUR?  9 64 ta at In(my) (aur) a	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  3-4-  23B. DATE SIGNED  3-4-65	the da
DISEASES OF OR ISE TO THE DISEASE DR OF THE DISEASE DR OF THE DISEASE DR OF CONTRIBUTION TO THE DISEASE DR OF CONTRIBUTION TO THE DISEASE DR OF THE DR OF THE DISEASE DR OF THE DISEASE DR OF THE DISEASE DR OF THE DR OF THE DISEASE DR OF THE DISEASE DR OF THE DISEASE DR OF THE DR OF THE DISEASE DR OF THE DISEASE DR OF THE DISEASE DR OF THE DR OF THE DISEASE DR OF THE DR OF THE DISEASE DR OF THE DR OF TH	ANTECEDENT CAUSES  R CONDITIONS, if obove cause (A) CONDITION lost.  FICANT CONDITIONS CEATH BUT NOT RELACED NOT 10 PR. CON WAS PER  RT WAS UNDERLYING TING CAUSE OF medical examined  (Month) (Doy) (Yoor)  that (1) (this hospital last saw the decease of from the causes stanker.)  Proposition (August 1)  The control of the cause o	any, givin stating it CONTRIBUTI ATED TO IT	(B) Cere Due to Due to  ING THE  R WHICH OPERATION  The PLACE OF INJURY (e.g., ome, form, foctory, street, of the comments of	20A. AUTOPSY? (Yes or No No in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJ  19 65 and the view the bady after death.  ending Med. piraclor 23D. ADDRESS	(If in Boltim URY OCCUR?  9 64 ta at In(my) (aur) a	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  3-4- plinian death accurred an incomparation of the plant of the	
DISEASES OF TISE TO THE DISEASE DR. OF THE DR. OF THE DISEASE DR. OF THE DISEASE DR. OF THE DISEASE DR. OF T	ANTECEDENT CAUSES  R CONDITIONS, if obove cause (A) CONDITION lost.  FICANT CONDITIONS CEATH BUT NOT RELYCONDITION CAUSING  OPERATION 19B. CONWAS PER  ATT WAS UNDERLYING TING CAUSE OF medical examines)  (Month) (Doy) (Yoot)  that (1) (this hospital last saw the deceased from the causes state of the cause of the cause of the cause of the causes state of the cause of the c	any, givin stating it contribution for the contribu	(B) Cere Due To Due To Due To  ING THE  R WHICH OPERATION  The PLACE OF INJURY (e.g., ome, form, foctory, street, of the comments of the comme	20A. AUTOPSY? (Yes or No No in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJ  19 65 and the view the bady after death.  ending Med. piraclor 23D. ADDRESS	(If in Boltim URY OCCUR?  9 64 ta at In(my) (aur) a	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  3-4-  19  plinlan death accurred an exact signed 3-4-65  Prince #21224  City, town, or county)	the da



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

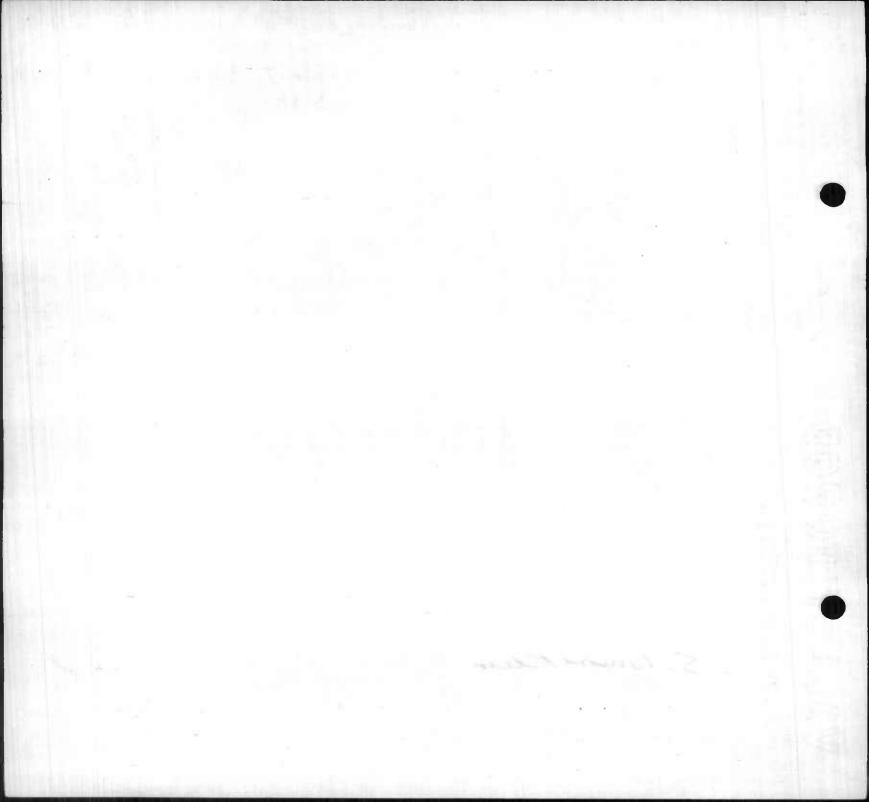
	65 24	13	BALTIMORE CITY	HEALTH DEPARTMENT		C5 9449
BIRTH NO.			CERTIFICA	TE OF DEATH	Registered No.	65 2419
M.E. CAS 1. NAME (Type or P	OF DECEASED				h 4,1965	7:55 A <sub>M</sub>
FULL N	OF DEATH IN BALTIMORE, M	ol or institution,	give street	Maryland B. Coun	6	titution: tesidence before admission)
INSTITU				Baltimore		
	Public Health Ho	-			rurol, give location)	- 41.74
	an Pk. Dr. & 31s			136 No. Luzer		
Mal	AA	WIDOWEI	NEVER MARRIED  D, DIVORCED (specify)  ngle	5/12/28	9. AGE (In years lost highday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during	L OCCUPATION (Give kind of wo a most of working life, even if retired allor		BUSINESS OR INDUSTRY	Italy	gn country)	12. CITIZEN OF WHAT COUNTRY?  Italy
3. FATHE	R'S NAME			14. MOTHER'S MAIDEN NA	ME	2 00.2,9
	Domenico Rao			Mary Sinopo	oli	
Yes, no or	eceosed Ever in U. S. Armed Funknown) (If yes, give wor or do	orces? otes of service)	SECURITY NO.	17. INFORMANT records- USPHS	Hognitel Be	ADDRESS
no	2011		CAUSE 0		TOSPI VAI, Da	INTERVAL BETWEEN
18.	DISEASE OR CONDITION D	MPECTLY	CAUSE	T DEATH		ONSET AND DEATH
9-1	LEADING TO DEAT		(A) Bi	lateral confluen	nt broncho-	1 wk.
	does not mean the mode lailure, osthenio, etc. Il mean		DUE TO	pneumon:	12	0 64 4 5 7 4 4 5 7 7 7 7 7 8 8 9 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	or complication which couse			hronic granulocy	rtia laukami	a 2 yrs.
	ANTECEDENT CAUSE	ES	(B)	THE OFFICE STATISTICS	A OTC TERVEUIT	a 2 ylb.
ıise	ASES OR CONDITIONS, if		(C)		**************************************	<b>volume(*****</b> *******************************
UND	ERLYING CONDITION last.					
E TO	ER SIGNIFICANT CONDITIONS THE DEATH BUT NOT RE ASE OR CONDITION CAUSING	LATED TO TH		croenteritis atom	uh.	2 days
	ATE OF OPERATION 198. CO		WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
U 21 A. A	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF H (notify medical examine)	21B hom etc.	ne, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
OF IN	JURY		ile At Not White		URY OCCUR?	
22. 1	certify Chat () (this hospit	ol) ottended t		11-20-64	19to	19
thot (	(V) (we) last saw the decea	sed olive on	3-4-65			ion death occurred on the date
	nour and from the couses st	oted obove. ()	r) (We) (did) (did/hdt/) \	view the body offer deoth.		23B. DATE SIGNED
2011.3	Car a f	1 to	M.D. AH	ending Med.	Stoff Phys.	
23C.P	HYSICIAN'S IAME Hypel	1.//1		23D. ADDRESS		3/4/65
		k, Surge		USPHS Hospita		
REM	oval (Specify) cial 3/8-6		AME of CEMETERY of CR Ly Redeemer			Rd. Balt.Md.
MAI	R 5 1965 Pole	BE Fa	DE REGISTRAR DELIMA	25C SUNERAL DIRECTOR	Tolla Moor	ADDRESS
VS 150-PF	V. 1/1/65	-		The state of the s	N. V.	

mkb

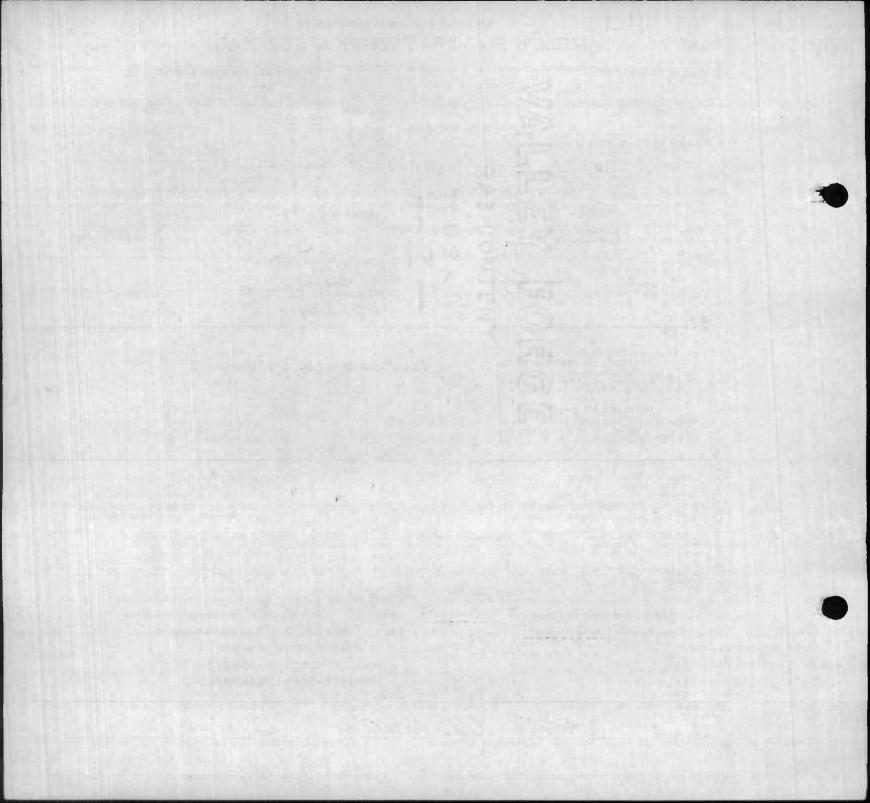


FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

1	0504505	BALTIMORE CIT	Y HEALTH DEPARTMENT		CE DAGO
BIRTH NO.	65 2/20	CERTIFICA	TE OF DEATH	Registered No	65 2420 U
ME CASE NO				AND HOUR OF DEATH	1
Type or Print)	Rohinson	Baby Boy Dorothy	3.	-2-65	3:15 A.
PLACE OF	DEATH IN BALTIMORE, MAR	Baby Boy, Dorothy	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission
				INIT	1300
HOSPITAL	OR address or location)	institution, give street	Maryland	autside city limits, write	RURAL and give township)
INSTITUTION	baltimore	City Hospitals	Baltimore		
	4940 Easte			If rural, give location)	
	Baltimore,	Maryland #21224	2334 Eutaw I	lace	
. SEX	6. RACE 7	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr. If Under 24 H Months: Doys Hours Min.
Male	Negro	Single	2-27-65		4
	CCUPATION (Give kind of work) t of working life, even if retired)	OB, KIND OF BUSINESS OR INDUSTR	1 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
one during mus	if of working the, even it remed)		Maryland		U.S.A.
3. FATHER'S	NAME		14. MOTHER'S MAIDEN N	AME	U. D. A.
5. Was Decea	sed Ever in U. S. Armed Farce	s? 16. SOCIAL	17. INFORMANT		ADDRESS
fes, no or unkn	awn) (If yes, give wor or dates	of service) SECURITY NO.			
				C.H. 4940 Ea	stern Avenue #212
18.76	5.0		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION DIRE	100	iration Pneumor	24.0	48 Hours
(This doe	s not mean the mode of a		tracton rneumon	118	40 nours
	ure, asthenia, etc. It means f complication which caused o	leath )			
injuly of	ANTECEDENT CAUSES	(8)			
DISEASES	OR CONDITIONS, if an				
	The above cause (A)				
UNDERLY	ING CONDITION lost.				
7	II .			-	
E TO THE	GNIFICANT CONDITIONS CO	ED TO THE			
O IPA. DATE	OF OPERATION 198, COND	ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at	No) 208, IF YES, WER	E FINDINGS CONSIDERED
19A. DATE	WAS PERFO	DRMED	Yes	IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACC	IDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltime	pre City, give exact focation)
T DEATH (n	RIBUTING CAUSE OF otily medical examiner	home, lorm, factory, street, etc.)	office bldg., INJURY OCCUR?		
21 D. TIME	(Month) (Day) (Year)	(Haur) 21E (NJURY OCCURRED	21F. HOW DID II	NIURY OCCUR?	
S OF INJUR		While At Not Wh		NO KI O GOOM	
(APPROX)		Wark At World			
22. 1 cert	tify that (I) (this hospitol)	ottended the deceased from	2-27-	19 65 10	3-2- 19 65
thot (1) (	we) last sow the deceased	alive on 3-2-	19 65 ond	that in (my) (our) o	pinion deoth occurred on the d
and hour	ond from the couses state	d obave. (1) (We) (did) (did not)	view the body after death	٦.	
23A. SIGN	_ /				23B. DATE SIGNED
5,	Wagner	leen M.D. Al	tending Med. Director	Staff Phys.	3-2-65
23C. PHYSI	CIANS		23D. ADDRESS		, ,
NAM	E (Type)	M.D	1010 Es-1	A THE COLOR	1102001
	Dr. S. Wayn	24C. NAME of CEMETERY or C		ern Avenue	#2.1224, City, tawn, ar caunty) (State)
REMOVA	AL (Specily)		and the same of th	Baltimore, Ma	
Cremate			25C. FUNERAL DIRECT		ADDRESS
DAL DATE KE	MAR 8 1965 0	SB. NAME OF REGISTRAND HA	230. TONERAL DIRECT		UDDKIJ
		MOUNT -	1010		
/S 150-REV. 1	/1/65	9 () ()		1	



	TH NO.		MEDIC	LAL E	AMIINER 3 CE	KIIICA	IE OF DEATH Regi	Stered No.
	E CASE NO.	Acro						
ίτη	JOSEPH SOUSTEK						March 1, 196	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				JNCED DEAD	4. USUAL RESID	DENCE (Where deceased lived. If i	institution: residence before odmission)	
НΟ	LL NAME OF SPITAL OR TITUTION	(IF NOT ADDRES	IN HOSPITAL S OR LOCATI	OR INSTITU	JTION, GIVE STREET	M	laryland wn (If outside corporate limits, y	
							altimore -	2 3 3
		1420	Ceddox	Stree	t		RESS (If rural, give lacation)	
	and the state of t				NAME OF THE PARTY	8. DATE OF BIRT	420 Ceddox Street	
	Male	Wh			NEVER MARRIED DIVORCED(specify)	april 28,	last hirthdayl	Manths Doys Hours Min.
	. USUAL OCCUI			OB. KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Corperter			Ret		C.2e	K	usa
	FATHER'S NAME			40		14. MOTHER'S M	AIDEN NAME	
	From	K	Lun	still		mar	il -	
	WAS DECEASED				16. SO CIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
163	NO	ir yes, give	war ar dates	dr service/	SECORITI NO.	Fam.	ly	Some
	18.	5- /			CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASI	OR CON	I Dition dire	CTLV				ONSET AND DEATH
	DISEASI	LEADING	TO DEATH	CILI	(A) Arter	iosclerot	ic cardiovascular	
	heart failure,	asthenia, etc	e mode of c . It means thich caused de	he diseose,	DUE TO		disease	
	Δ.	ATECEN DE	NT CAUSES					
			IONS, IF AN	Y. GIVING	(B)DUE TO			
		ABOVE CA	AUSE (A) STA		501 10			
z					(C)			
CERTIFICATION			ONDITIONS C			S.B.A		1687 HELLEN
H			T NOT RELA		HE	***************************************	***************************************	
CERT				ITION FOR	WHICH OPERATION			FINDINGS CONSIDERED AUSES OF DEATH?
¥	21 A. EXTERNAL			21 B.	PLACE OF INJURY (e.g., i	n or obaut 21C. V	NO WHERE DID (If in Baltimare City,	, give exact location)
MEDICAL	UNDERLYING DE CAUS	OR CONTRI	В- Н.	etc.)	, form, lactory, street, o	ffice bldg., INJURY	Y OCCUR?	
~	OF INJURY (APPROX.)	(Month) (	Day) (Yeor)		WHILE AT AT WORK	WHILE	OW DID INJURY OCCUR?	
	22. I certi	fy that 1 h	eld on Inc				d that on this basis, death i	n my opinion
	result	ed from: 1	lotural cous	es X	Accident Suicide	Homici	ide Undetermined ma	nner
		1		1			EDICAL EXAMINER	
	ACTUAL	111	3	110				DATE SIGNED
	SIGNATU	/-	day L.	MARCA	M. D.		EDICAL EXAMINER X	3-2-65
	EXAMINE NAME (T			John	E. Adams, M.		MEDICAL EXAMINER	
	BURIAL CREM		B. DATE		C. NAME OF CEMETERY O		23D. LOCATION	City, town, ar county) (State)
KEA	MOYAL (Specify)		3-4-1,	5	Code while	Kem.	BOX LJ	enel
244	A. DATE REC'D E	Y HEALTH	DEPT.	24B NAME	OF REGISTRAR		AL DIRECTOR	ADDRESS
- */	MA	AR 5	1965 (1	Dre. B	E. Farling		lly Janel Hore	237 Potopsed he
1/6	151-PEV 1/1/A	6		A.A.	4-5-11-0	1000	100	Jun 7



VS 150-REV. 1/1/65

in regular attendance on the

a hospital and

Such

death.

0

prior

deceased

WOS the

death

who pronounced

physician

embalmed or final disposition is made.

regular attendance on

the remains are

No physician was in

deceased prior to death); and (6) No phy: written approval must be obtained before

was D.O.A. at a hospital (except where

certificate must be

	65 2422	BALTIMORE CITY	HEALTH DEPARTMENT	0-0400	
BIRT	TH NO.	CERTIFICA	TE OF DEATH Registered No.	65 2422	
	E. CASE NO.				
	De or Print JAMES H. Dalzi	iel.	2. DATE AND HOUR OF DEATH	16 30 A M.	
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If insti	itution: residence before admission)	
	FULL NAME OF (If not in hospital or institution oddress or location)  Mary land General	al Hospital	MARYLAND  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  PALTIMORE  D. STREET ADDRESS (If surel, give location)  2341 SIDNEY AVE		
5. S	M L CONCONE WIDG	MED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 1-13-02 63	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	USUAL OCCUPATION (Give kind of working life, even if retired)		11. BIRTHPLACE (State or foreign country)  Scotland.	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Robert Dolziel		Sophia Henderson		
15. V (Yes	Was Deceased Ever in U. S. Armed Forces? s, no ar unknown) (If yes, give war or dates of serving)	ce) 16. SOCIAL SECURITY NO. 215-10-9606	Wife - Elsie Dalziel	2 341 ridne, ave Baltimore Md.	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, heart failure, asthenia, etc. It means the diserinjury or complication which caused death.)	e.g., DUE TO	Imonary congestion	INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, give	(B) DUE TO	trioscleratic cardiovascul	San	
	rise to the above cause (A) stating UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FII IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?	
CALC	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	i or obout 2/C. WHERE DID (If in Boltimore fice bldg., NJURY OCCUR?	City, give exact location)	
	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While At Work			
	22. I certify that (1) (this hospital) attended	ed the deceased from	nar. 1 1965 to ma	1965.	

that (I) (we) last saw the deceased alive on and that in (my) (our) opinion death occurred on the date

and hour and fram the causes stated above. (1) (We) (did) (did not) view the bady after death.

23A. SIGNATURE		1					23 & DATE SIGNED
Lyoungho	19.	Cyan	M.D.	Attending Phys.	Med. Director	Stoff Phys.	mar 2
COLDHYS CIANES THE PART				23D ADDRES			,

KYOUNGHO M.

eneral 24D. LOCATION BURIAL CREMATION, REMOVAL (Specify) DATE 24C. NAME of CEMETERY or county)

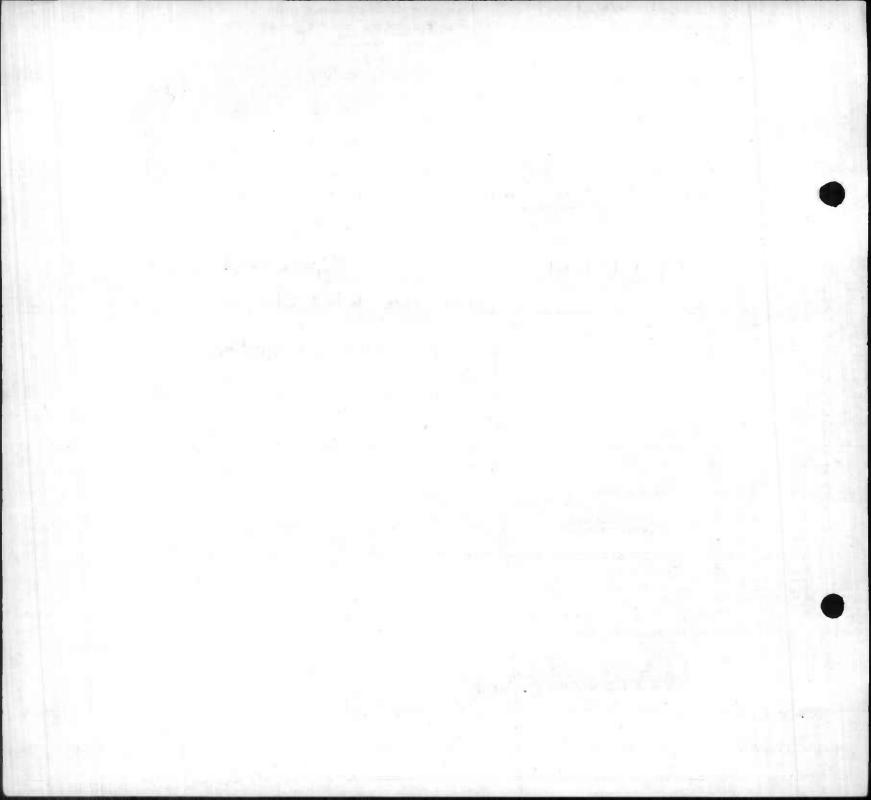
6

258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 5

25C. FUNERAL DIRECTOR

ADDRESS

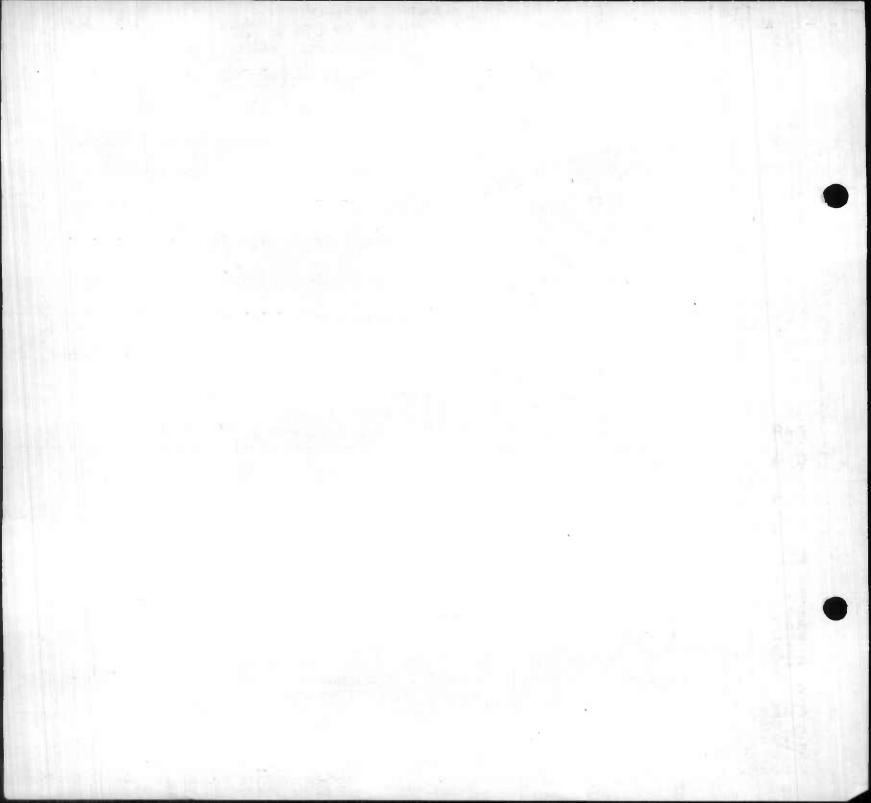
(Stote)



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

		BALTIMORE CITY	HEALTH DEPARTMENT		CF
	2423	CERTIFICA	TE OF DEATH	Registered No	. 65 2423
M.E. CASE NO.	D		2, DATE AI	NO HOUR OF DEATH	н
Type or Print)	Lester	Moore	3-	2-65	10:00 A. M
. PLACE OF DEATH I	N BALTIMORE, MARYLA	AND		ere deceased lived. If	institution: residence before odmission)
FULL NAME OF HOSPITAL OR	(If not in hospital or in oddress or location)	stitution, give street	Maryland	staide eits limite switz	RURAL ond give township)
INSTITUTION		ity Hospitals	Baltimore	diside city limits, write	E KOKAL ONG GIVE TOWNSHIP?
	4940 Eastern			rurol, give location)	
	Baltimore, N	Maryland #21224	3325 Dolfield	Avenue	
Male 6. RA		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Divorced	12-26-14	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	ON (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
Labore	~		North Caroli		U. S. A.
3. FATHERS NAME	500		14. MOTHERS MAIDEN NA	ME	
Robert	- 11/00r		Hatter Le	ttle	
fes, no, or unknown) (If y	in U. S. Armed Forces? es, give wor or dotes of	service) 1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO			RECORDS: B.C.	H. 4940 Eas	stern Avenue #21224
18.5 92	X 1	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	R CONDITION DIRECT				0 / 1/241
	eon the made of dyi	ng, e.g., DUE TO	mia		? 6 Months
hearf failure, asfh	enia, efc. II means the lian which caused dea	disease,			
	CEDENT CAUSES	(B) ? Chr	onic Glomerulon	ephritis	
	ONDITIONS, if any,	DUE TO			
	ave cause (A) sta		NAMES OF THE STATE		
ONDERETHIO CO	11	-			10000
O OTHER SIGNIFICA	NT CONDITIONS CON	TRIBUTING			
DISEASE OR CON	BUT NOT RELATED DITION CAUSING IT.		yelonephritis		
19A. DATE OF OPE	RATION 198. CONDITI	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTION	AS UNDERLYING	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21 C. WHERE DID	(If in Boltim	ore City, give exact location)
DEATH (notify med	col exominer)	etc.)			
	nth) (Doy) (Yeor) (H	out 21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)		While At Not While Work At Work			
22. I certify that	(I) (this hospital) at	tended the deceased from	2-24-	19 65 to	3-2- 19.65
	saw the deceased a	00/1	19		pinion deoth occurred on the dot
		obove. (I) (We) (did) (did not)			
23A. SIGNATURE	0 0		Tow the budy offer dooning		23B, DATE SIGNED
	M. Co	Oh M.D. Att	ending Med.	Stoff Phys.	3-2-65
23C. PHYSICIAN'S	,		23D. ADDRESS		)-~-0)
NAME (Type)	Dr. Robert	Coolea M.D.	1010 To at a	Assource	//27.22.1
24A. BURIAL CREMATI	Dr. Robert	24C. NAME of CEMETERY OF CR	4940 Eastern		City, town, or county) (State)
REMOVAL (Specif	1 2/2/15		4	1. 1.1.	me.
25A. DATE REC'D BY	PEALTH DEPT. 25B	NAME OF REGISTRAR	25C. FUNERAL DIRECTO	RECEPTION	ADDRESS
MAR	- 4005	Cent E. Jansey Mill	Bur 19 for	Vikano.	11294 C. D. S
dean and	7 44	len, len,	MELLANIICA	Level /	100 1111 1000 10000



## death assistant IMPORTANI DIRECTOR medical FUNERAL chief 0 the hospital

of death Deceased and

hospital

Such

death.

prior

deceased

MOS the

death no

pronounce

who

physician

where

(except

(2) Body

nature;

of hospital death)

accident was release

to the any

o

fracture

attendance any

regular

MOS

physician

S.

9

and

0

O

ŧ

was D.O.A.

shows:

the body

no

ance

(5)

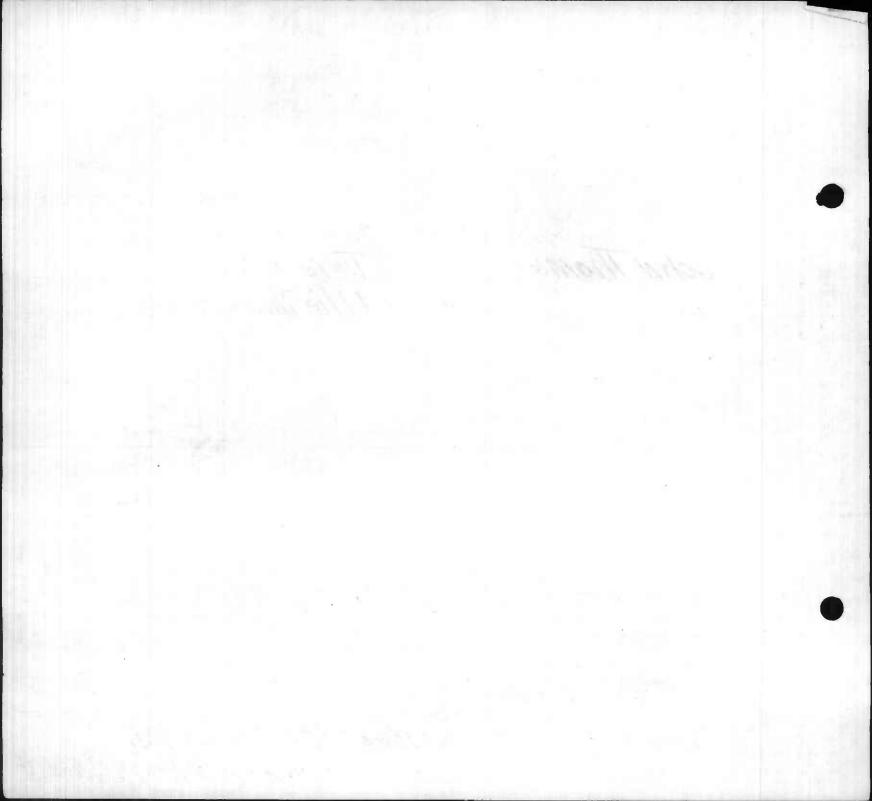
canse; attend 0

Undetermined regular

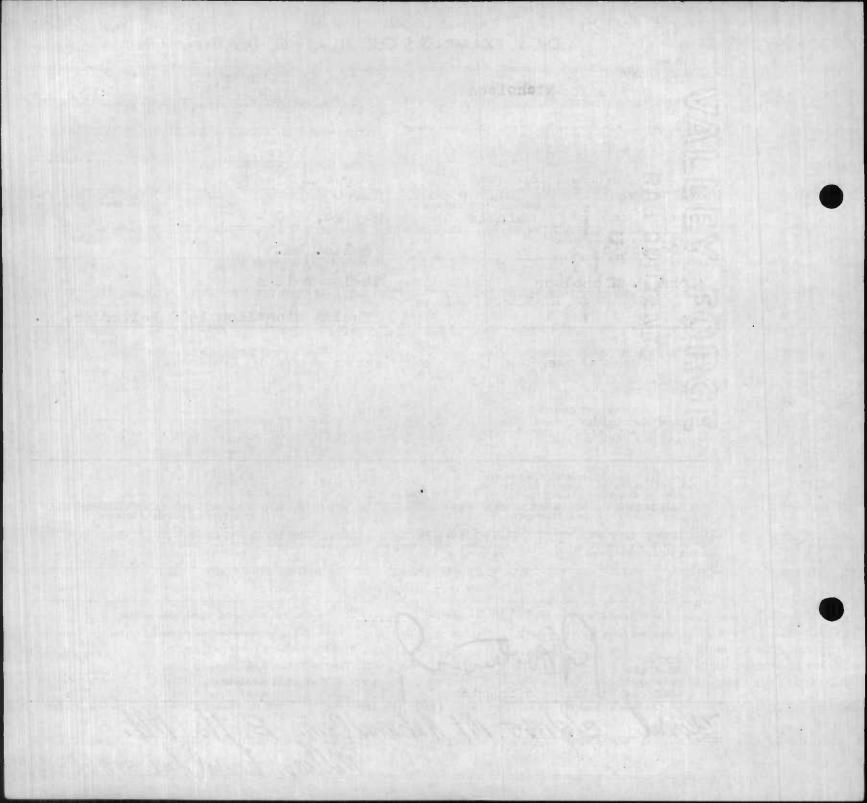
cause

contributing

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) If institution; residence before odmission) A. STATE me (If not in hospital or institution, give street FULL NAME OF HDSPITAL DR oddress or location (If outside city limits, write RURAL and give township) made. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In veors If Under 1 Yr. If Under 24 Hrs. ost birthdoy) WIDOWED, DIVORCED (specify) Months: Doys Hours marries 3-0 OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF A CE (State or foreign country) WHAT COUNTRY? disposition 5 13. FATHERS ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. INTERVAL BETWEEN 0 23 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., embal heart loilure, osthenio, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost. the remains CERTIFICATION DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19 A. DATE OF OPERATION WAS PERFORMED before 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, larm, factory, street, office bidg., INJURY OCCUR? (If in Bottimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined) etc.l obtained 21 D. TIME (Month) (Dov) (Year) (Hourl 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While ( (APPROX.) At Work Work 10.5 ming 22. I certify that (1) (this hospital) attended the deceased from 6 19 pe that (1) (we) lost saw the deceased alive on... and that in (my) (our) apinion death occurred on the date ond haur and from the couses stated above. (1) (We) (did) (did not) view the body after death. must 23 B. DATE SIGNED 23A, SIGNATURE Attending Phys. Med. Stoff Director deceased prior to written approval 23C. PHYSICIAN'S 23 D. ADDRESS 24A. BURIAL CREMATION 24D. LOCATION (City, town, REMOVAL (Specily) ADDRESS VS 150-REV. 1/1/65



65 2425 BALTIMORE CITY I	HEALTH DEPARTMENT 65 2425
BIRTH NO. MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
MARION Nicholson	March 3, 1965   3:27 a M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore / 7
	D. STREET ADDRESS (If rural, give location)
Provident Hospital  5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	2000 Eutaw Place   B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr, If Under 24 Hrs.
WIDOWED, DIVORCED (specify)	lost birthdoy) Months, Doys, Hours, Min.
female colored Single	May 24,1940 24
done during most of working life, even if retired)	WHAT COUNTRY?
Domestic  13. FATHER'S NAME	Balto. Md.
John . Nicholson  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL	Thelma Bolden
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
no	Thelma Nicholson 1430 Belverdere St
18. 5 8/10 L	AUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying e.g.	tty metamorphosis of liver
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	***************************************
II II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  DISA, DATE OF OPERATION WAS PERFORMED	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
✓ 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	(e.g., în or obout 21C. WHERE DID (If in Boltimore City, give exact location) reet, office bldg, INJURY OCCUR?
UINDERLYING OR CONTRIB-	ee, once big, injoki occok:
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCUR	RRED 21F. HOW DID INJURY OCCUR?
	NOT WHILE
22.	AT WORK
I certify that I held an Inquiry Inspection	Autapsy X and that an this basis, death In my opinian
resulted fram: Natural causes Accident Su	uicide Hamlcide Undetermined manner
ACTUAL ACTUAL ACTION OF ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE JUST WORK	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 3-3-65
NAME (Type) Rudiger Breitenecker  23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMET	TERY or CREMATORY 23D. LOCATION / (City, town, or county) Motel
REMOVAL (Specify)	hi nai Con Ports With



	BALTIMORE CITY HEALTH DEPARTMENT						
11	тн но. 65 2426	CERTIFICA	TE OF DEATH	Registered No.	65 2426		
1.	A.E. CASE NO.  I. NAME OF DECEASED MARTHA ANNIE BENDALL GOOLSBY.  2. DATE AND HOUR OF DEATH Type of Print)  2. DATE AND HOUR OF DEATH						
	PANNE HENNAT GOOTS	69	MAR	ch 5, 1965	institution: residence before admission)		
3.	PLACE OF DEATH IN BALTIMORE MARYLAND RTIFICATE CORRECTED HOSPITAL OR deligned in hospital or institution	A. STATE B. COUI	ero decoosed lived. If NTY	institution: residence before edmission)			
120			C. CITY OR TOWN ILL OF	utside city limits, write	RURAL and give township)		
V	UNION Memorial H	C. CITY OR TOWN . (If outside city limits, write RURAL and give township)  Baltimore F					
	BALTIMORE, MARYLAND	1716 WYCLIFFE AVENUE					
11	SEX 6. RACE 7. MARR WIDO	NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH 5/31/94	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	LUSUAL OCCUPATION (Give kind of work 108, KIND		11. BIRTHPLA CE (Stole or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?		
do	e during most of Working life, even if retired)	ONE- Nurse	DANUILLE VI	129121M	U.S.		
13		BENDALL	14. MOTHER'S MAIDEN NAME				
	FAMOREM Augustus	NANIE PASCA					
15	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	MJCH/	ADDRESS		
(Y	(If yes, give wor or dotes of services)	SECURITY NO.	MDC MANON OF	ATT amadam	OITEDE AND DATES		
-	18.400	CAUSE O	MRS. NANCY GRAU, 1716 WYCLIFFE AVE. BALTO. N				
П	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH		
	LEADING TO DEATH	(A) CER	EBRAL Throw	160513	24 hours		
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the disease	0.20			a		
	injury as camplication which caused death.)	a-to	in a location of	malinace	Lane Deserve		
1	ANTECEDENT CAUSES  (B) ARTECED SCIENCE TO CHICATO DASC COME OF CONTROL OF CON						
	injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the  (B) ARTERIO SCLERATIO CARDIO VASCULAR Disease  CONSESTION HEART Facture						
	rise to the above couse (A) stating UNDERLYING CONDITION lost.	the (C) C	engrille preud				
NOT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO						
V Dial	19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	20A. AUTOPSY? (Yes of N	o) 208. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?			
For	O DO	9	NONE	06 :- B-b:-	Give the second base of the seco		
	OR CONTRIBUTING CAUSE OF	fice bldg., INJURY OCCUR?	tir in bollime	ore City, give exact location)			
100	21D-TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
AA	(APPROX.)	While At Not While At Work					
				10/6 100	anch 4 1965,		
	22. I certify that (this hospital) attende	· acamal —		19 65 to MI			
	that (%) (we) last sow the deceased alive				pinlon death occurred an the date		
	and hour and from the causes stated above. (1) (##) (did) (did not) view the body after death.						
	23A. SIGNATURE	00 40 400	anding ( ) Med (	Stoff CT	23B. DATE SIGNED		
	David Merritt Max Mellan M.D. Attending _ Med. Director _ Phys. 3 /5/65						
	NAME (Type)	MILLAN M.D.	23D. ADDRESS				
24		C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION	City, town, or county) (State)		
	REMOVAL (Specify)	TIAMITAN CONTOURS		OTTA MYTATA			
25		HATHAM CEMETERY	25C. FUNERAL DIRECTO	CHATHAM, V	IRGINTA ADDRESS		
	MAR 5 1985 10 0	A EntarleuMA					
1	150-REV. 1/1/65	3 3 1 0 0		LIVO.	BALTO.,MD. 21214		

.

å,

¥.

3

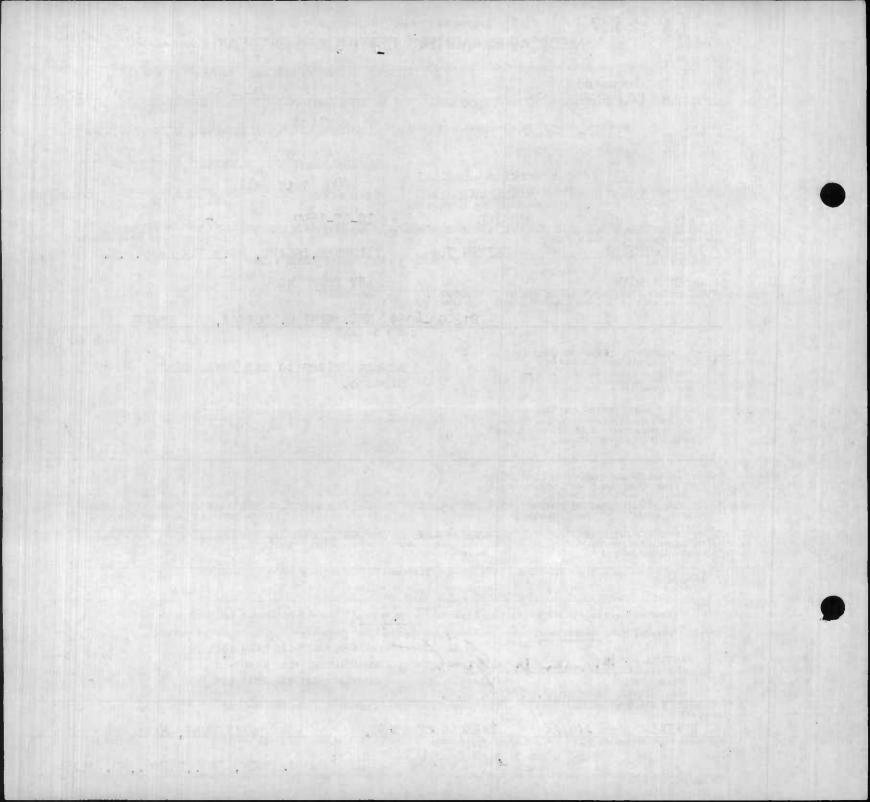
100

- 184

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 5 2427

M.I	CASE NO.							
1. NAME OF DECEASED (Type or Print) Townsend				2. DATE AND HOUR PRONOUNCED DEAD				
Avery Duncan				3-1-65 10:25 A.M.  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)  A. STATE  B. COUNTY				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				A. STATE	EN CE (Where	B. COI	JNTY	idence before odmission!
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			and give township)		
1113				Baltim			- 1	-38
	50 Johns	Hopkins	Hospital	5804 I	ress (If rurol			
5. S	EX 6. RACE		NEVER MARRIED DIVORCED (specily)	B. DATE OF BIRT	н	9. AGE (In years lost birthday)	If Under	er 1 Yr. If Under 24 Hrs.
	male white	MARRIE		10-17-18	397	680		
	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY		(State or forei	gn country)	12. CITIZ WH	ZEN OF AT COUNTRY?
	MANUFACTURER FATHER'S NAME	SLI	VER TOP	TIIGHMAN	ISLAND	MD.	U.S	A.
	JOHN DUNCAN			MARY TOWN	ISEND			
	WAS DECEASED EVER IN U.S. ARMED, no or unknown), (If yes, give wor or dote:		16. SO CIAL SECURITY NO.	17. INFORMANT ADDRESS				
			212-03-4069	MRS. MAR	Y C. D	IINCAN.	SAME	
	18.	-		OF DEATH		0.11.00011		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIR	RECTLY						ONSET AND DEATH
	LEADING TO DEATH (This does not meon the mode of	dying, e.g.,	(A) art	erioscler	cotic c	ardiovascula	r	
	(This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which coused of	the disease, leath.)	dis	sease.				
	ANTECENDENT CAUSES							
	DISEASES OR CONDITIONS, IF A		DUE TO	•••••			************	
7	UNDERLYING CONDITION LAST.		(C)					
9	II.	-						
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELEDISEASE OR CONDITION CAUSING	ATED TO TH						
TO SEASE OR CONSTITUTE CONTINUE CONSIDERED  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. EXTERNAL CAUSE WAS UNDERLYINGOOR CONTRIB-  UTING CAUSE OF DEATH,  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bidg., INJURY OCCUR?								
						location)		
M			IS INTURY OCCURRED	015 H	OW NO IN	HBY OCCUPA		
21 D TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?  (APPROX.) WHILE AT NOT WHILE  m. WORK AT WORK								
22.							20	
resulted from: Natural couses Accident Suicide Homicide Undetermined monner  CHIEF MEDICAL EXAMINER								
	ACTUAL SIGNATURE	- h :	mac un	ASSISTANT M				DATE SIGNED
	EXAMINER'S NAME (Type) Werner U	. Snitz	7 3	ASSOCIATE M				3-5-65
	BURIAL CREMATION, 238 DATE		C. NAME OF CEMETERY O	CREMATORY	23 D.	LOCATION (City	, town, or	county) (Stote)
KEA	BURIAL 3/8/65	P	ARSONS CEMETE	RY		SALISBURY.	MARYL	AND
24/	DATE REC'D BY HEALTH DEPT.	248. NAME	OF REGISTRAR		AL DIRECTO			ADDRESS
	MAR 5 1965	Poleus	E. Farkena	LEONAR	D J. RI	JCK, INC.,BA	LTO.	MD. 21214
VS	151-REV. 1/1/65		Di est	Cort	1 (:	1		



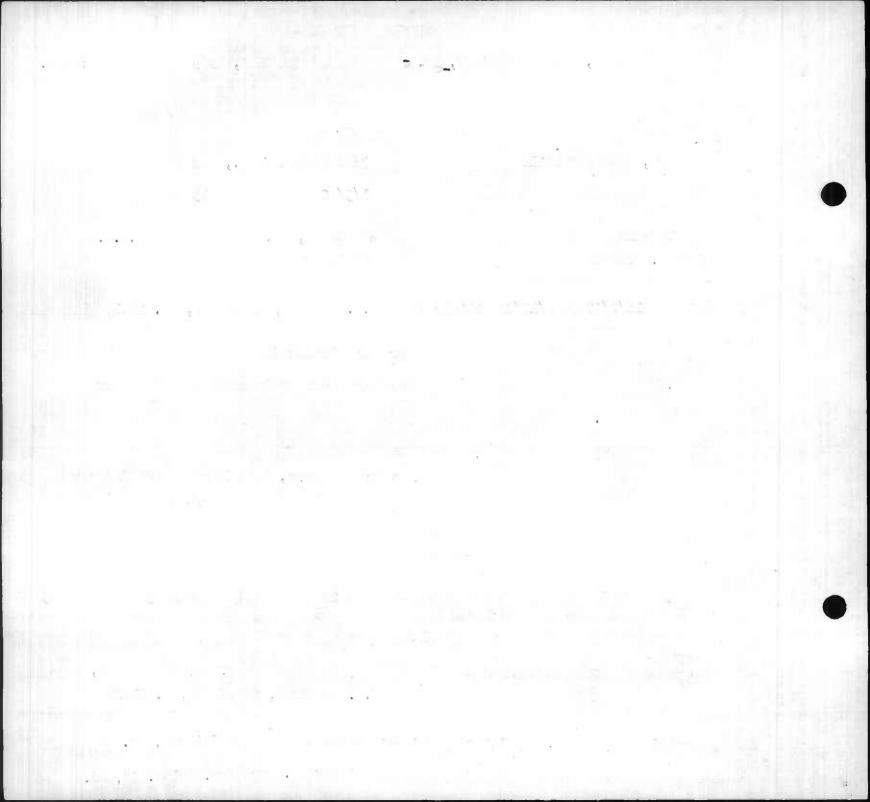
a hospital and

shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any nature, (2) controlled and the was in regular attendance on the was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

VS 150-REV. 1/1/65

	BALTIMORE CITY HEALTH DEPARTMENT							
M	.E. CASE NO.	55 24	28		CERTIFICA	TE OF DEAT	200	. 65 2428
{T	NAME OF DE ype or Print)	STREAT	CALLS OF THE		IOTT, SR	MA	RCH 3, 1965	2:00 A. M.
3.	FULL NAME OF (If not in haspital or institution, give street address or location)  VETERANS ADMINISTRATION HOSPITAL  3900 LOCH RAVEN BLVD.  BALTIMORE, MARYLAND 21218			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY  MARYLAND				
				C. CITY OR TOWN				
				BALTIMORE D. STREET ADDRESS (If rural, give location)				
				3608 MONTEREY RD., APT B				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED		1/3/92 Tost birthdoy) 73		If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.				
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) 12. C		12. CITIZEN OF WHAT COUNTRY?		
	ABINET					NANTTCOKE MD. U.S.A.		U.S.A.
13		STREAT				AMELIA ELLI		
1.5 (Y	. Was Deceas	ed Ever in U. S. wn) (If yes, give	Armed Far	rces? es of service)	1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	YES	10/2/1	7 TO 6		212 36 7788	V.A. HOSDTTAT	BALTIMORE.	MD 21218
_	18.21 7	0 / 4	160	2 /		OF DEATH	Distriction	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEATH (This does not meen the made of dying, e.g., DUE TO					onary Thrombosis		several hours
	heart failure, asthenia, etc. It means the disease,							
	mjory di c	ANTECEDENT			(B)	onary Arterios	clerosis	years
	DISEASES OR CONDITIONS, if any, giving					THE PERSON NAMED IN		
	rise la	the obave co	use (A)		(C)			
	UNDERLYING CONDITION last.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  Bronchogenic					Bronchoge	nic Carcinoma,	left lung	2 years
		OF OPERATION	198. CON WAS PER		WHICH OPERATION	20 A. AUTOPSYT (Yes	IN CERTIFYING	E FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in ar about of Contributing Cause of DEATH (natify medical examiner)   21B. PLACE OF INJURY (e.g., in ar about of Contributing Cause of DEATH (natify medical examiner)   21B. PLACE OF INJURY (e.g., in ar about of Contributing Cause of Cause of Contributing Cause of Cause of Contributing Cause of Cause o					are City, give exact lacation)			
21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Wark At Wark								
	22. I certify that XI) (this hospital) attended the deceased from JANUARY 25 1964 to MARCH 3 1965							
	that XI) (we) last sow the deceosed alive on MARCH 3 19 65 and that in (XII) (our) opinion death occurred on the date							
	ond haur ond from the couses stoted obove. (i) (We) (did) (did) (we) view the body after death.							
	23A. SIGNATURE  23B. DATE SIGNED  M.D. Attending Med. Stoff							
	23C. PHYSICIAN'S Phys. Director Phys. J March 3, 1965							
	NAME	(Type)	7		14.0		L, BALTIMORE,	MD. 21218
2	HOWA		NDASON DATE		M.D.			
2	REMOVAL		DAIL	24C. N.	AME of CEMETERY of CI	EMATORT 24		(City, town, or county) (State)
2	Burial 3/5/65. Baltimore National Cemetery Baltimore, Md.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS							
1	A. DAIE KEC	MAR 5	1965	Robert	E Jarbey M. A	Leonard J?	Ruck Inc., Ba	ADDRESS

Leenard J. Ruck Inc. Balto.



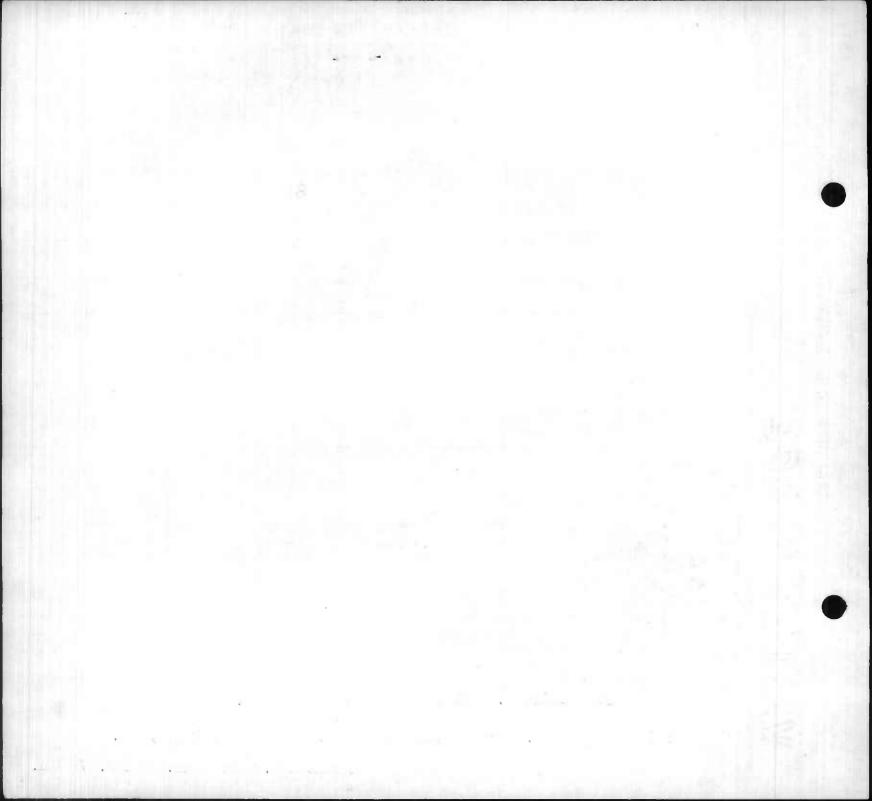
MPORT

DIRECTOR

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

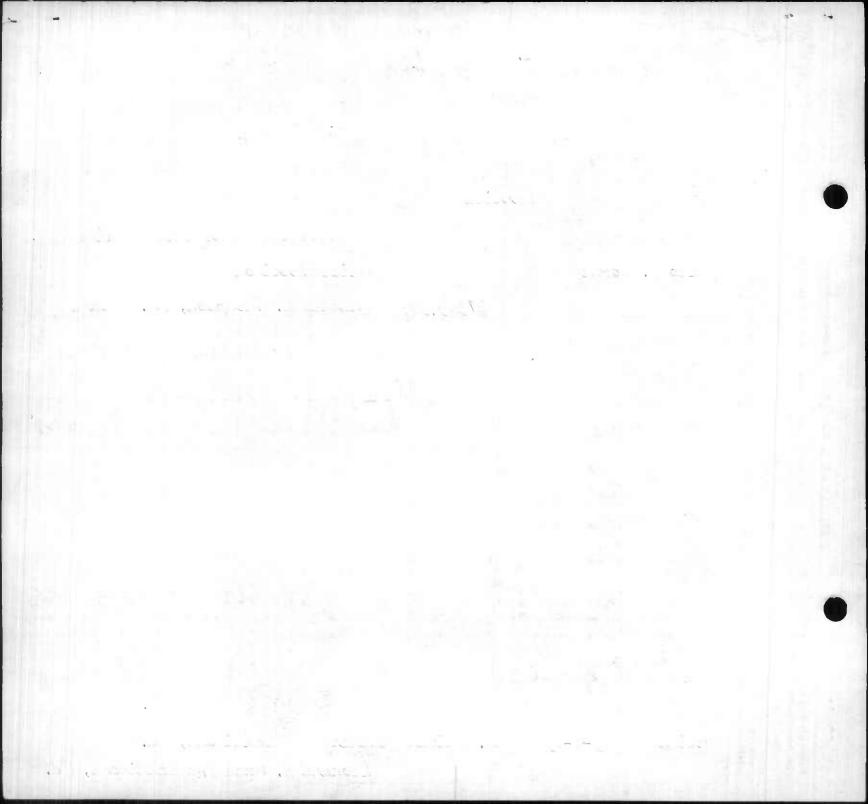


	0.400	BALTIMORE CITY	HEALTH DEPARTMENT		65 2430		
BIRTH		CERTIFICA	TE OF DEATH	Registered No	00 2400		
I. NAM	ASE NO. ASE OF DECEASED  OF Print)  EMMA  J	EFFERSON	2. DATE AN	D HOUR OF DEATH	12:30 P.M		
B. PLA	CE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceosed lived. If in	stitution: residence before odmission)		
HO!	L NAME OF (If not in hospital or inst	itution, grve street	C. CITY OR TOWN (If ours	LAND side city limits, write	RURAL ond give township)		
11131	Lutheran X	D. STREET ADDRESS (If rurol, give location)					
		3415 DUVALL AVE					
Fer	ngle Colored 7. Mi	1890	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
done du	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)  HALLS L. W.F.C.		() SA	gn country)	12. CITIZEN OF WHAT COUNTRY?		
13. FA1	FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
5. Wo	. Wos Deceosed Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service) SECURITY N		17. INFORMANT		ADDRESS		
	til yes, give wer at doles or s	ervice) SECURITY NO.	FLORENT	BARNE	25 3415 DUVALLY		
18.	420.11	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  A CUTE MYO CANDIAL INFARCTION						
	Ithis does not mean the mode of dying, e.g., DUE TO						
	heort foilure, osthenio, etc. Il meons the diseose, injury or complication which coused death.)  ANTERNOSCIEROTIC HYPENTENSIVE  ANTERNOSCIEROTIC HYPENTENSIVE  (B)  DUE TO CARDIOVAS CULAR DISEASE						
	ANTECEDENT CAUSES	(B)					
	ISEASES OR CONDITIONS, if ony,		CARDIOVASCI	ILAYL DI	SEASE		
	se to the obove couse (A) station NDERLYING CONDITION last.	g the (C)	######################################				
_	II						
E T	THER SIGNIFICANT CONDITIONS CONTR O THE DEATH BUT NOT RELATED	TO THE RECENT	CEBEBNOVA	SCULAR	ACCIDENT		
	A. DATE OF OPERATION 198. CONDITION WAS PERFORME	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE	FINDINGS CONSIDERED			
CERTIFIC 18	WAS PERFORMED  IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DtD  (If in Boltimore City, give exact location)						
_  0	CONTRIBUTING CAUSE OF	home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	· · · · · · · · · · · · · · · · · · ·	e eny, give axout locolloin		
0 21 OF	D. TIME (Month) (Doy) (Year) (Hou	while At Not While	21F. HOW DID INJU	JRY OCCUR?			
(A	PPROX.)	Work At Work		1	2 2 1-		
22	22. I certify that (I) (this hospital) attended the deceased from 3 - 3 19 65 to 5 - 3 19 65						
	ot (I) (we) lost sow the deceased ali			ot in (my) (our) opl	nion death occurred on the dot		
	d haur and from the causes stoted at	ove. (I) (We) (did) (did not) v	iew the body after deoth.				
23.	A. SIGNATURE A. D.	M.D. Atte		Stoff Phys.	238. DATE SIGNED		
23	PHYSICIAMS NAME (Type) RENATO R. ESP		23D. ADDRESS				
	RENATO R	ESPINA M.D.	LUTHERAN	HOSP1-	TKL OF MD.		
24A. B	URIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CRI	MATORY 24D. LC	CATION (C	ity, town, or county) (Stote)		
Bo	1RIAL mar. 6,1960	1111. Wither	in Condia The	stport /	eluma me		
25A. D	PATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR	25G FUNERAL DIRECTOR	Kus 29	222 W Mouhan		
VS 150	1-REV. 1/1/65	4 -0 -3 43	De contraction de la contracti	15	Allement, mid		

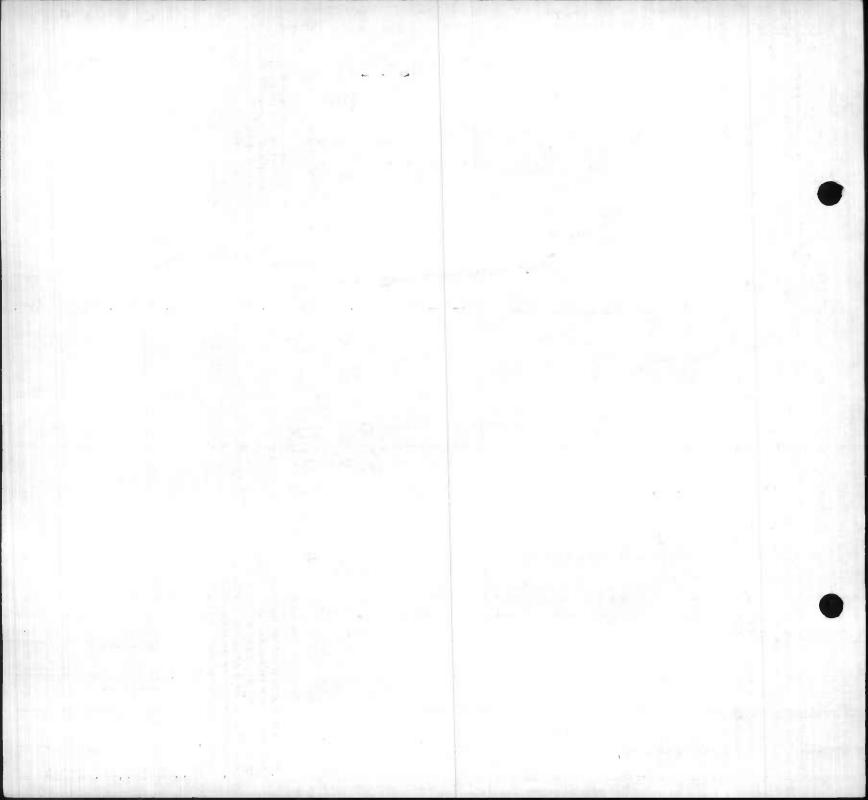
TOTAL DATE OF STATE OF TOURS PARTY AND DOWN TECHNI CERTINIACCIONE ACC - Pense A some TENANT IN C. P. LA. COUTOMBROOM HIS SERVE

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY HEALTH DEPARTMENT							
-	BIRTH NO. 65 2431 CERTIFICA	TE OF DEATH Registered No. 50 2431						
	1. NAME OF DECEASED (Type or Print) & Dra laline The purson	2. DATE AND HOUR OF BEATH  3 3 65 65 P.M.						
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where decessed lived. If institution: residence before admission) A. STATE B. GOUNTY						
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN   If outside city limits, write RURAL and give township)						
4	2 < 1 1 1 +1	D. STREET ADDRESS (If jurol, give location)						
4	Zinai Nospilal	8202 Bonair Rd						
	5. SEX 6. RACE 7. (MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) married	8. DATE OF BIRTH 9. AGE (in years lost birthday) 9. AGE (in years Months Days Hours Min.						
	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?						
	HOSEWH'E	14. MOTHER'S MAIDEN NAME						
	Leo J. Downey	Alice Harrison						
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
	213039507 CAUSE C	Charles L. Ihompson, Sr. same						
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH						
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., DUE TO	rebras (Mbolism 4 days						
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)							
	DISEASES OR CONDITIONS, if any, giving							
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	eart disease / years						
	II.	<u> </u>						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED  218. PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., or CONTRIBUTING   CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?						
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
	(APPROX) Work At Work							
	22. I certify that (I) this hospital ottended the deceased from 9/2 19 00 to 19 00 to 19 00 that (I) (we) lost sow the deceased alive on 3/3 19 05 and that In(my) (our) apinion death occurred on the date							
	and had and from the couses stoted above. (1) (We) (dld) (dld not) view the body ofter death.							
	23A. SINATURE  M.D. At	tending Med. Stoff Phys 3/3/65						
	23C:PHYSICIAN'S NAME (Type)	23D. ADDRESS						
	DONALD RICE M.D.	Olivia Copila						
	REMOVAL (Specify)							
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	emetery Baltimore, Md.  25C. FUNERAL DIRECTOR  ADDRESS						
	MAR 5 1965 Robert E Starley M.T.	Leonard J. Ruck Inc Baltimore, Md.						



07 0499	BALTIMORE CITY	HEALTH DEPARTMENT	C5 9129				
BIRTH NO. 65 2432	CERTIFICA	TE OF DEATH Registered No.	65 2432				
M.E. CASE NO.		2. DATE AND HOUR OF DEATH					
(Type or Print)	LOS MADON		0-7-1				
OVERSTREET NO. 3. PLACE OF DEATH IN BALTIMORE, MARYLAN		3-5-1965  [4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before admission)				
:d		A. STATE B. COUNTY	(-1)) -				
FULL NAME OF (If not in hospital or inst	itution, give sheet	Maryland	6-01				
HOSPITAL OR oddress or location)		C. CITY OR TOWN (II outside city limits, write	RURAL ond give township)				
Church Home an	d Hospital	Ballimore 21205					
Balhmore 31.	المرود المهدور والمالية	D. STREET ADDRESS (If ruiol, give location)					
Bainwie		MUN Milton Aven	ue				
5. SEX   6. RACE	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.				
	Marred (specify)	Dec. 26, 1896 68475.	Month's Doys Hours Min.				
10A, USUAL OCCUPATION (Give kind of work 10B, K		1). BIRTHPLACE (State or foreign country)	12. CITIZEN OF				
done during most of working life, even if retired)			WHAT COUNTRY?				
Scioing Machine Opevary		Virginia	U.S.A.				
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	4				
Moore, John Moore	AND THE PARTY OF T	MODERANCE, TATROCKERSK GEN	TEVA NICHOIS				
The same of the sa	Alar Salar III	17 HARASSIN TO THE OLD TO	ADDRESS				
15. Was Deceased Ever in U. S. Armed Forces? (1) (Yes, no or unknown) (If yes, give wor or dates of s	16. SOCIAL  Vice SECURITY NO.	The state of the s	ADDRESS				
-	217-01=5192	MR. WILLIAM O. OVERSTREET,	409 N. Milton Ave				
1B. > 3 / / 1	CAUSE OF	to a contract of the contract	INTERVAL BETWEEN				
DISEASE OF CONDITION DIRECTL	spontar	reous	ONSET AND DEATH				
LEADING TO DEATH	ITM	Frace reprod and	2 20015				
(This does not mean the mode of dying	j, e.g., DUE TO						
heart foilure, asthenia, etc. It means the disease SUDUTCI Chinord War or tack							
100	" H	ypertension	Unknows				
ANTECEDENT CAUSES	DUE TO		<u></u>				
DISEASES OR CONDITIONS, if ony, giving							
rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION lost.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED							
A DISEASE OF CONDITION CADSING II.	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE	EINDINGS CONSIDERED				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		IN CERTIFYING CA	USES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING	23 B BL 4 C F OF INTERPRET	NO I	Circuit and the second				
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	City, give exact location)				
DEATH (notify medical examiner)	etc.)	TO THE RESERVE OF THE PARTY OF					
O 21D. TIME (Month) (Doy) (Year) (Hot	ui) 21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?					
S OF INJURY (APPROX.)	While At Not While						
	Work At Work						
22. 1 certify that (1) (this hospital) atte	nded the deceased fram	3-3- 1965 to	3-5 1965				
that (+) (we) last saw the deceased ali-	ve an 3 - 5 -	1965 and that in(my) (aur) api	nian death accurred an the dat				
and have and from the causes stated at	onve. (I) (We) (did) (did mat)	iew the hady after death.					
23A. SIGNATURE		The state of the s	23B. DATE SIGNED				
11. 0 00 15	M.D. Atte	ending Med. Stoff					
Kishor C. Meht		s. Director Phys.	3-5-1965				
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	0 0 11 71 10				
KISHOR C. ME	HTA M.O.	Church Home and Hospita	4, Balt. 31, Ma.				
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE		ty, town, or county) (State)				
REMOVAL (Specily)			101010				
BURIAL 3/8/65	MORELAND MEMORIA						
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAND	25C. FUNERAL DIRECTOR	ADDRESS				
MAR 5 1965 02	Sent E Jane	LEONARD J. RUCK, INC., F	BALTO MD 24241				
VS 150-REV. 1/1/65		THU .					



uo

ance

cause; atten

Undetermined

regular

2

Was

eath.

prior

deceased

the

BALTIMORE CITY HEALTH DEPARTMENT Registered No BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MABLE BURGESS 3, PLACE OF DEATH IN BALTIMORE MARYLAND RESIDENCE (Where deceased lived, If institution; residence before admission COUNTY FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL (If rurol, give location) THE JOHNS HOPKINS HOSPITAL made. BIDDLE STREET 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months Doys Hours FEMALE COLORED MARRIED 6-6-02 IDA, USUAL OCCUPATION (Give kind of work) OB, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition done during most of working life, even if retired) WHAT COUNTRY S.A 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME ROXIE TYLER ALEXANDER 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMAN 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO NO DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death,)

ADDRESS INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving to the obove cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION (Yes) or Noll 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED YES 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc. (Month) (Ooy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work Al Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost saw the deceased olive on 19 6 ond that in (my) (aur) opinion death occurred on the date and hour and from the couses stated above. ((1) (We) (did) (did nat) view the body after death, 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Director Stoff M.D. Phy s. 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) M.D. MICHAEL FREUND 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) 6-6 a

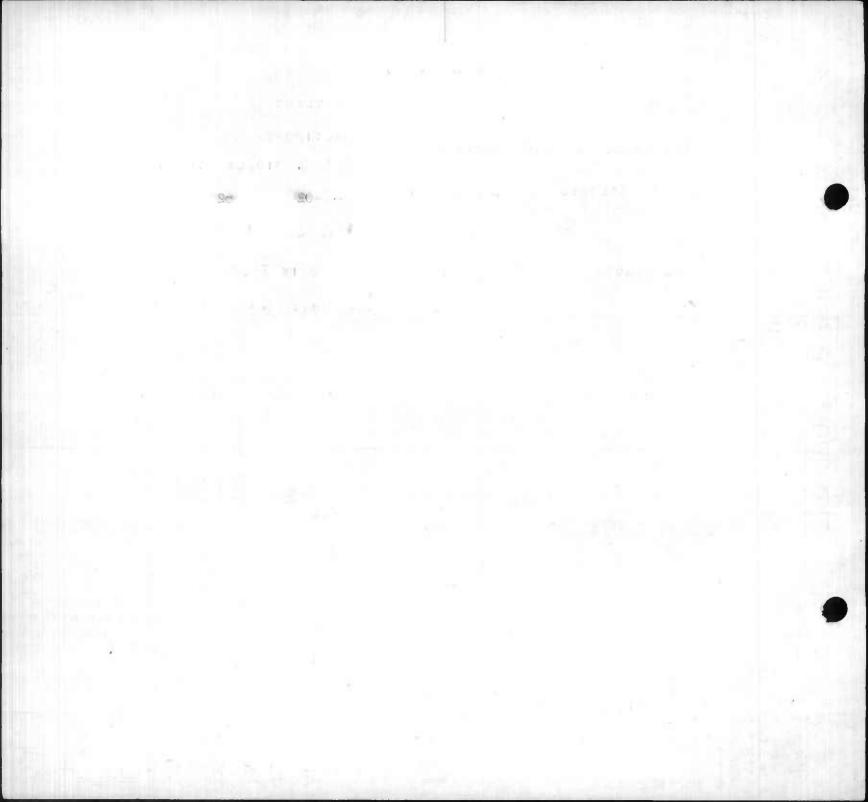
25C. FUNERAL DIRECTOR

ADDRESS

4 assistant 0 death kind: final attendance any pronounced 0 Also, of embalmed fracture the chief medical examiner 9 regul ho are 4 ₹ 3 physician the remains Was burns; physician Body 8 before bγ (2) where to the hospital å nature; be obtained 9 (except and any death); of hospital the body was released must shows: (1) An accident 0 approval 8 prior p D.O.A. eceased written Was

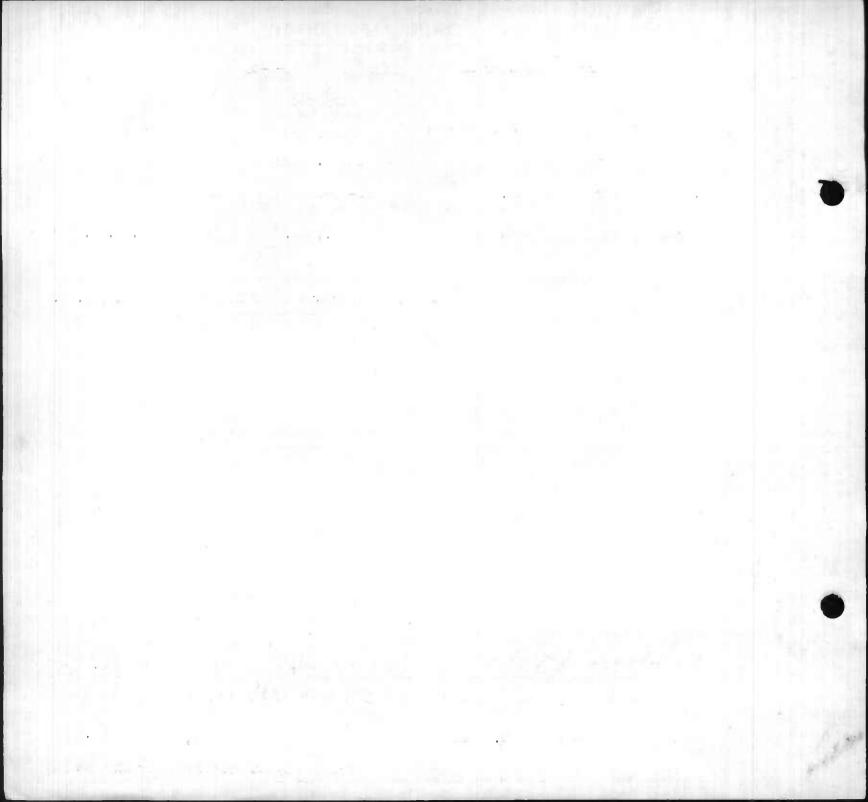
25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF



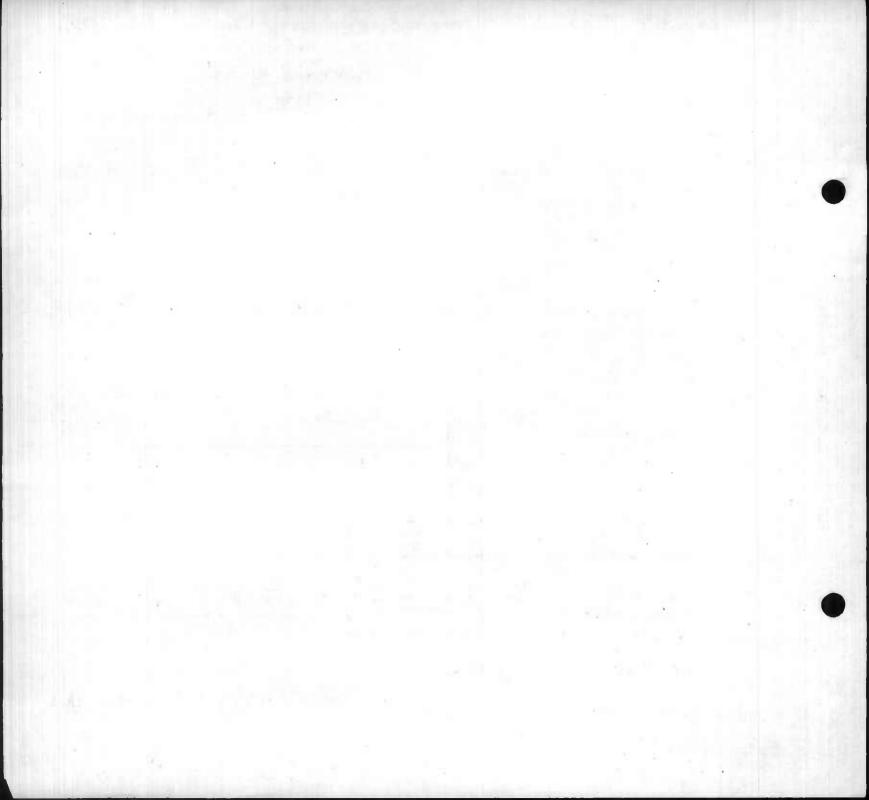
0	11	101
-	64	0
	544	유
0	B 8 8	Sc
	500	. 0
	in o	0 =
	200	, L 9
	4 50	o o
	B 0 9	4
	- m	0
	Di t	7 0
1000	bo	0 7
6	ir t	Sec
	0 0	9 9 5
	4 0	E 0 5
	900	ν P
	+ 50	34
上	ire	
Z	505	10 0
7	ist he	900
× ×	155 f +	P 5
9	S	90
3	- S -	100
_	PA C	5 2
FUNERAL DIRECTOR: IMPORTANT	9	0 1
Ö	ine	2 - 3 - 6
E	E E	69
M	Xe	3
~	- 00	E
D	Cal	Cicion
7	d i	× ×
2	FE	ph
ш	. B B	0.5
5	유	+ 2
正	99	50
	+ 4	993
	9	3 -
	Po Po	a 9
_	0 0	nd
	94	9 0
	B 2 4	72
	o p	a t
	St	de
	9 9	£ 0-
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death chose (1) An arcidant of any province (2) Rody house (3) A fracture of any lind the direct or contributing cause of death chose (3) December (4) An arcidant of any province (5) Body house (3) A fracture of any lind termined (4) December (5) December (6) December (7) Dec	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the decreased prior to death. Such deceased prior to death. Such
	as	ria
	# 3 C	4 0
	to you	0.0
	bo	000
	his	900
	F	303

IRTH NO. 65 2434  A.E. CASE NO.  NAME OF DECEASED		HEALTH DEPARTMENT		CE DADA
	CERTIFICA	TE OF DEATH	Registered No	65 2434
HAMIE OF DECEMBED			AND HOUR OF DEAT	ТН
Type or Print)	mma Carroll	2_0	2-65	
PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (W	here deceased lived. If	institution; residence before admission
ALL SALES OF THE S		A, STATE B. CO	UNTY	15 100
FULL NAME OF (If not in hospital of HOSPITAL OR oddress or location	or instilution, give streel	Maryland		10-11
INISTITUTION	4.1	C. CITY OR TOWN (II	outside city limits, writ	RURAL ond give to:wnship)
527 N. C.	ARROLLON Ave.	Baltimore		
<i>(</i>			(If rurol, give location)	
		527 N. Carro	ollton Avenu	Θ
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hr. Months: Doys Hours Min.
Fe. Negro	Wid.	11-15-1898	66	TVIOLINIS DOYS THOUSE TVIIII.
DA. USUAL OCCUPATION (Give kind of work	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
one during most of working life, even it retired)				WHAT COUNTRY?
Retired	Home	Balto., Md.		U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Unk		Unk		
5. Was Deceased Ever in U. S. Armed Fore		17. INFORMANT		ADDRESS
(es, no or unknown) (If yes, give wor or dote			or 17 Green	ent Place, N. J.
	212-32-1505			
18. 1 9 9 1	CAUSE OI	DEATH 20 22	1-221	ONSET AND DEATH
DISEASE OR CONDITION DIR	RECTLY ALT			ONSET AND DEATH
LEADING TO DEATH	15.10	Jeal mil	かんしゅ つい	5-1026 3 1/50-8
(This daes not mean the mode of		- Charles		
heart foilure, asthenia, etc. It means injury or complication which coused				
ANTECEDENT CAUSES	[B]			
	DUE TO			
DISEASES OR CONDITIONS, il dise lo lhe obove couse (A)				
UNDERLYING CONDITION lost.		***************************************		
11				
OTHER SIGNIFICANT CONDITIONS C				
OTHER SIGNIFICANT CONDITIONS COTO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	ATED TO THE			
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT	T. DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	RE FINDINGS CONSIDERED
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT	T. DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I' 19A, DATE OF OPERATION 19B. CONI WAS PERF	NTED TO THE T.  DITION FOR WHICH OPERATION FORMED	NO	IN CERTIFYING C	CAUSES OF DEATH?
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I'  19A, DATE OF OPERATION 19B. CON WAS PERF  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	NTED TO THE T. DITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21 C. WHERE DID	(If in Boltim	RE FINDINGS CONSIDERED CAUSES OF DEATH?
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I' 19A, DATE OF OPERATION 19B. CONI WAS PERF 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ATED TO THE T.  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Boltim	CAUSES OF DEATH?
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I'  19A, DATE OF OPERATION 19B, CON WAS PERF  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Day) (Yeath	ATED TO THE T.  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Boltim	CAUSES OF DEATH?
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I' 199A, DATE OF OPERATION 198. CON WAS PERF  21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21 D. TIME (Month) (Day) (Year)	DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)  (Hour) 21E. INJURY OCCURRED  White At Not While	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltim	CAUSES OF DEATH?
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT 19A, DATE OF OPERATION 19B. CON WAS PERF  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (APPROX.)	ATED TO THE TO DITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)  (Hour) 21E. INJURY OCCURRED  While At Not While Work	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltim	nore City, give exact location)
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT 19A, DATE OF OPERATION 19B. CON WAS PERF  21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital)	DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour) 21E. INJURY OCCURRED  White A1 Not White Work  At Work	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltim	nore City, give exact location)
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT 19A, DATE OF OPERATION 19B. CON WAS PERF  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Year) (APPROX.)	DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour) 21E. INJURY OCCURRED  White A1 Not White Work  At Work	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltim	nore City, give exoct locolion)
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I'  19A, DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Day) (Yees)  21D. TIME (Month) (Day) (Yees)  22. I certify that (I) (this hospital that (I) (we) last saw the decease	DITION FOR WHICH OPERATION  PORMED  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)  (Hour)  21E. INJURY OCCURRED  While At Not While  Nork  Not While  At Work	21F. HOW DID I	(If in Boltim	nore City, give exoct locolion)
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I'  19A, DATE OF OPERATION 19B. CON WAS PERF  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Day) (Year)  21D. TIME (Month) (Day) (Year)  22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and fram the causes state	DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour) 21E. INJURY OCCURRED  White A1 Not White Work  At Work	21F. HOW DID I	(If in Boltim	nore City, give exact location)  2 19  2 pinlan death accurred an the de
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I'  19A, DATE OF OPERATION 19B. CON WAS PERF  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Day) (Yees)  21D. TIME (Month) (Day) (Yees)  22. I certify that (I) (this hospital that (I) (we) last saw the decease	ATED TO THE T. DITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)  (Hour) 21E. INJURY OCCURRED  While At Not While At Work  (I) attended the deceased from ted abave. (I) (We) (did) (did nat) v	21F. HOW DID I	(If in Boltim	nore City, give exoct locotion)
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I' 19A, DATE OF OPERATION 19B. CON WAS PERF  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and fram the causes state 23A. SIGNATURE	DITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While A1 Not While Work  A1 Work  and alive an A1 work  red abave. (I) (We) (did) (did nat) v  M.D. Atte Phys	21F. HOW DID I	(If in Boltim	nore City, give exact location)  19  19  19  19  19  19  19  19  19  1
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I'  19A, DATE OF OPERATION 19B. CON WAS PERF  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the causes state 23A. SIGNATURE  23C. PHYSICIAN'S	DITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While A1 Not While Work  A1 Work  and alive an A1 work  red abave. (I) (We) (did) (did nat) v  M.D. Atte Phys	21F. HOW DID I	(If in Boltim	nore City, give exoct locotion)  19  2 19  2 pinlan death accurred an the do
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I' 19A, DATE OF OPERATION 19B. CON WAS PERF  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and fram the causes state 23A. SIGNATURE	DITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While A1 Not While Work  A1 Work  and alive an A1 work  red abave. (I) (We) (did) (did nat) v  M.D. Atte Phys	21F. HOW DID I	(If in Boltim	nore City, give exoct locotion)  19  2 19  2 pinlan death accurred an the do
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I' 19A, DATE OF OPERATION 19B. CON WAS PERF OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the causes stat 23A, SIGNATURE  23C. PHYSICIAN'S NAME (Type)	ATED TO THE TO T	21F. HOW DID I	IN CERTIFYING COMMITTEE CO	Por City, give exoct locotion)  130-CL 2 19 C Spinlan death accurred an the da  238. DATE SIGNED  3-4-65
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT 19A, DATE OF OPERATION 19B. CON WAS PERF  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and fram the causes stat 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	DITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour) 21E. INJURY OCCURRED  While At Not While At Work  at alive an Atlentation of the deceased from M.D. Atle Phys	21F. HOW DID I	that in (my) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	point and death accurred and the day and the day and the day are signed.    238. DATE SIGNED   3-4-65   1966   196
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT 19A, DATE OF OPERATION 19B. CON WAS PERF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and fram the causes stat 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMATION, 24B. DATE	ATED TO THE TO T	21F. HOW DID I	IN CERTIFYING COMMITTEE CO	Por City, give exoct locotion)  130-CL 2 19 Compinion death accurred an the da  238. DATE SIGNED  3-4-65
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT 19A, DATE OF OPERATION 19B. CON WAS PERF  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and fram the causes stat 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	DITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour) 21E. INJURY OCCURRED  While At Not While At Work  at alive an Atlentation of the deceased from M.D. Atle Phys	21F. HOW DID I	that in (my) (out) oh.  Stoff Phys.  Location  Landsdowne,	pointan death accurred an the da  238. DATE SIGNED  3-4-65  (City, town, or county) (Stote)
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT 19A, DATE OF OPERATION 19B. CON WAS PERF  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and fram the causes stat 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial 3-6-65	DITION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., inhome, form, foctory, street, offetc.)  (Hour) 21E. INJURY OCCURRED  White A1 Not White A1 Work  and alive an A1 Work  and alive an A1 Work  M.D. Atterphys  Attended the deceased from A1 Work  A1 Work  A2 Atterphys  M.D. Atterphys  A1 Atterphys  A2 Atterphys  A2 Atterphys  A2 Atterphys  A3 Atterphys  A4 Atterphys  A5 Atterphys  A6 Atterphys  A6 Atterphys  A7 Atterphys  A6 Atterphys  A7 Atterphys  A8 Atte	21F. HOW DID I	that in (my) (our) oh.  Stoff Phys.  Location  Landsdowne, or	pinian death accurred an the do



13.4	19	1
/	PH P	he
	ded ded	on 1
	spit of De	ce
	ho nuse 10se	dan
	in a	tten or t
	utin	price
	trib	gul sed ma
	con	Ced Ced
	Jeat	de de sirio
jun-	rect	the spo
A	tan e di	o ou
DRT	f th	d d anc
APC	his of an	end end
-	Als	aff
FUNERAL DIRECTOR: IMPORTANT	ner	ular
5	Afr	¥ho reg
R	al e x (3)	an in
10	edica	vas mai
RA	E A	phy ian
Z	chie y a Bod	the lysic
==	the alb	o ple
	d by spit	N (S
	over e ho	cept nd (
	o th	(ex
	be of the	ath)
100	eas ider	hosp de mu
13.7	s rel	or to
Here !	Way	A o
	ody s: (1	D.O. dsec
grant an	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
100	- + N	> 0 >

	- 0401		BALTIMORE CITY	HEALTH DEPARTMENT		
	5 2435		CERTIFICA	TE OF DEATH	Registered No	65 2435
M.E. CASE NO.	CEASED M/			2. DATE	AND HOUR OF DEATH	
Type or Print)	Ernest Box	les				1 7.40 4
B. PLACE OF D	EATH IN BALTIMORE, MA			4. USUAL RESIDENCE (	Where deceased lived. If ins	stitution: residence before admission
						11 . 1
HOSPITAL OF		or institution)	an, give street	Maryl	autside city limits, write R	6-01
INSTITUTION						OKAL and give township!
Pro	vident Hospita	7		D. STREET ADDRESS		
-10	ATGGIO HODETOS			1106 M	Carrollton A	
. SEX	6. RACE	7. MARRI	ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years	Venue   If Under 1 Yr. , If Under 24 Hrs
Male	Negro		WED, DIVORCED (specify)	3 0 3000	last birthday)	Months Doys Hours Min.
			OF BUSINESS OR INDUSTRY	1-2-1892	fareian country)	12, CITIZEN OF
	al warking life, even if retired)				, , , , , , , , , , , , , , , , , , , ,	WHAT COUNTRY?
-usto				Virginia		U. S.
3. FATHER'S N.	AME			14. MOTHER'S MAIDEN	NAME	
Ale:	xander Bowles			Cong Ven	eable	
. Was Deceos	ed Ever in U. S. Armed Fa	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no ar unkno	wn) (If yes, give war ar dat	a di selvic	security No.	W: -7 0	3 330/ ==	
1B. 44.	20.01		CAUSE O	VIOLA U. BO	Wies IIO6 N.	Carrollton Avenue
7	ASS ON COMPUTON D	Dr.CTI V	CAUSE	DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION DI LEADING TO DEATH	KECILY	Acut	e Pulmonary	Edema	
	nal mean the made of		.g., DUE TO			
	e, osthenio, etc. It meons omplication which coused		ise,			
	ANTECEDENT CAUSES		(B) Art	cereosclerotic	heart disease	20 years
DISEASES	OR CONDITIONS, if		DUE TO			
	the above cause (A)		the (C) HJ	pertension		10 years
UNDERLY	NG CONDITION lost.					
	H-					
	NIFICANT CONDITIONS ( DEATH BUT NOT REL.					
	R CONDITION CAUSING	IT.		120.4	N 1 000 to	
19A. DATE	OF OPERATION 198. CON	FORMED	OR WHICH OPERATION	ZUA. AUTOPSY? (Tes al	Na) 20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
21A. ACCID	ENT WAS UNDERLYING	7 1	21B. PLACE OF INJURY (e.g., in	at about 21 C WHERE DIE	Of in Rulliman	City disappear (and in )
OR CONTRI	BUTING CAUSE OF		hame, farm, factory, street, of	fice bldg., INJURY OCCUR	?	City, give exact lacation)
)	ify medical examiner)		erc./			
OF INJURY	(Manth) (Day) (Year)	(Haur)	21E INJURY OCCURRED		INJURY OCCUR?	
(APPROX)			While At Wark  Not While  At Work			
22. 1 certif	fy that (1) (this basnita	I) ottende	d the deceased from	December	19 64 to 2nd	March 19 65
	e) last sow the deceas			65		
						nion death occurred on the do
		ted above	e. (1) (We) (dld) (did not) v	iew the bady ofter dea	th.	
23A. SIGNA	TURE	10			C. // 3F	3/ <b>2</b> /65
	a Man Ti	Tom	Plan M.D. Atte	s. Med. Director	Staff Phys.	3/2/05
23 C. PHYSIC NAME		1		23D. ADDRESS		
1131116	Alvin Thor	nnson	M,D,	Provident H	ospital 1514	Division Street
4A. BURIAL CI	REMATION, 24B. DATE		NAME OF CEMETERY OF CRE			y, town, or county) (State)
REMOVAL	(Specify)	1 - 1	2	01.	,	11/
DULL A	D BY HEALTH DEET	35 (	G-Ver Mem	. //	qurel	11119
SAL DATE REC	IND O SOCE	D. O I	L C FILL PLA	COLL DIRECT	TOR 1011-	ADDRESS
	MAR 8 1965 (	le seil	1 6' 10'	Justivan Fa	ineral Home-	No Arlington Hue
'S 150-REV. 1/	1/65					1

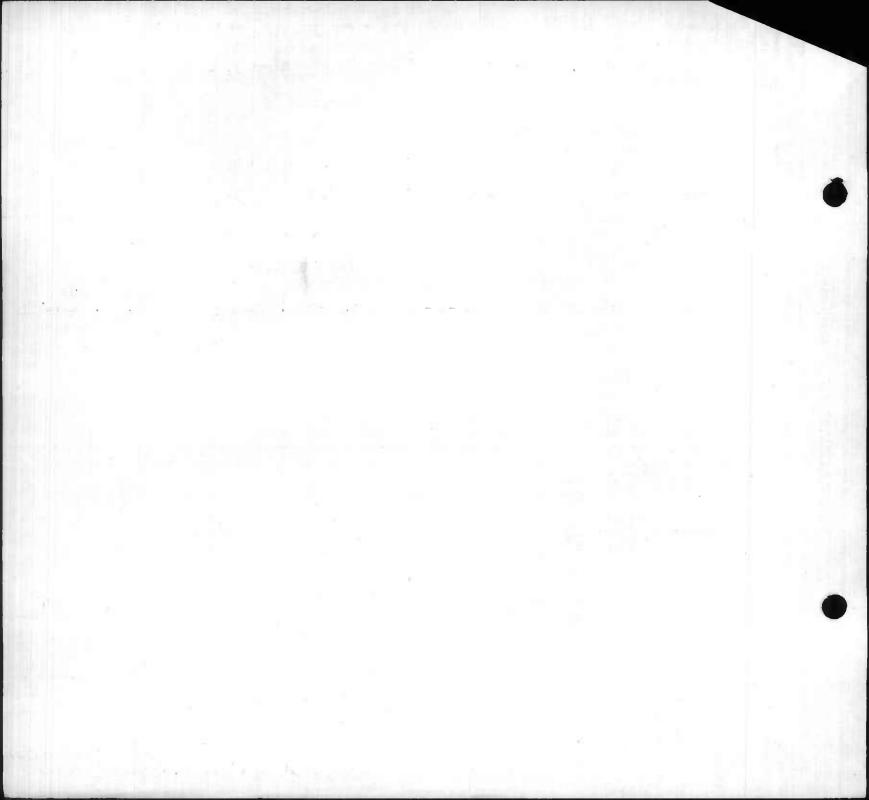


## IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Devens B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. So written approved must he otherwised hefers the remains are employed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a ho

	Mr Bana		BALTIMORE CITY	HEALIN DEPARTMEN	•	(1) m
IRTH NO.	65 2436		CERTIFICA	TE OF DEATI	Registered I	No. 65 2436
A.E. CASE NO.	EASED				AND HOUR OF DEA	ATH
Type or Print)	Dominic J. Cui	10++0			arch 3, 1965	- 300
	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE	Where deceased lived.	If institution; residence before admiss
					OUNTY	7-10
FULL NAME OF HOSPITAL OR	OF (If not in hospital address or location	ar institution, (	give street	c. city of town	If outside city limits, w	mite RURAL and give township)
	5114 Nelson	Avenue		Baltimore	_1	
	Baltimore, Ma	aryland	21215	5114 Nelso	(If rural, give location	21 215
SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24
Male	Whi te	Man	o, DIVORCED (specify)	7/26/1925	lost birthdoyl	Months Doys Hours Mir
	UPATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	working life, even if retired)	Brooks	s Buick	Baltimore,	Maryland	WIAT COUNTRY:
FATHERS NA	ME	DIOOR		14. MOTHER'S MAIDEN		
Sam Cul				Sarah Gigi	.110	
es, no or unknown	Ever in U. S. Armed Fore	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	511	ADDRESS L4 Nelson Avenue
Yes	World War I	T	219-18-8153	Mrs. Edna I.		ltimore, Md. 21215
[18. W. ?]	0 11			F DEATH	ouroud Da.	INTERVAL BETWEEN
DISEA	SE OR CONDITION DIR	ECTLY	0	ď.	C: .	ONSET AND DEATH
5.007.1	LEADING TO DEATH		· (is	reite Ceron	are Ocean	sea 24 /2
heart lailure,	not mean the made of asthenia, etc. It means application which caused	the disease,	DUE TO			
heart laiture, injury ar can	asthenia, etc. II means nplication which caused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, death.)	(8)			
heart laiture, injury ar can DISEASES (	aslhenia, etc. II means nplication which caused ANTECEDENT CAUSES	the disease, death.)	(8)			
DISEASES (rise to the UNDERLYING)  OTHER SIGNITO THE D	aslhenia, etc. II means inplication which caused  ANTECEDENT CAUSES  OR CONDITIONS, if e above cause (A)	the disease, death.)  any, giving stating the ONTRIBUTING	(B)			
DISEASES ( rise to the UNDERLYING  OTHER SIGN.) TO THE DISEASE OR	asthenia, etc. It means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  IFICANT CONDITIONS C DEBATH BUT NOT RELACONDITION CAUSING I	ony, giving stating the ONTRIBUTING TO THE TO THE TO THE TOTAL THE TRANSPORT OF THE TRANSPO	(B)		or No! 208. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES ( rise la the UNDERLYING  OTHER SIGNI TO THE D DISEASE OR  19A-DATE OF 21A-ACCIDEI OR CONTRIBU	ashenia, etc. II means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  IFICANT CONDITIONS CAUSEANT BUT NOT RELA CONDITION CAUSING IT OPERATION 198. CON	ontributing  ONTRIBUTING  TED TO THE  T.  DITION FOR VECTOR AND THE	G E WHICH OPERATION  PLACE OF INJURY(e.g., i.e., larm, factory, steet, o		OI No) 208. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED
DISEASES ( rise la the UNDERLYING  OTHER SIGNI TO THE D DISEASE OR  19A-DATE OF 21A-ACCIDEI OR CONTRIBU	ashenia, etc. II means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  III  IFICANT CONDITIONS C REATH BUT NOT RELATE CONDITION CAUSING IS OPERATION 198. CON WAS PERFORM WAS UNDERLYING CAUSE OF	The disease, death.)  any, giving stating the ONTRIBUTING TO THE TO THE TO THE TENERS OF THE TENERS	G E WHICH OPERATION  PLACE OF INJURY(e.g., i.e., larm, factory, steet, o	n or obout 21C. WHERE DI	OI No) 208. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES (rise la the UNDERLYING) OTHER SIGNITO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF CONTRIB	ashenia, etc. II means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  IFICANT CONDITIONS CAUSE OF COPERATION 198. CONDITION CAUSING IS OPERATION 198. CONDITION CAUSING IS OPERATION 198. CONDITION CAUSING IS OPERATION 198. CONDITION CAUSE OF COME TO THE CONDITION CAUSE OF COME TO THE CAUSE OF CAUSE OF COME TO THE C	The disease, death.)  any, giving stating the ONTRIBUTING TO THE TO THE TO THE TO THE TENER OF THE TENER OF THE TENER OF THE THE TENER OF THE TENER	G E WHICH OPERATION  PLACE OF INJURY (e.g., in factory, street, on injury occurred)  INJURY OCCURRED  INJURY OCCURRED  Not Whit	n or obout 21C. WHERE DI ffice bidg., INJURY OCCU	D (If in Bolt	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES (rise la the UNDERLYING)  OTHER SIGNITO THE DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBLE OF INJURY (APPROX.)	ashenia, etc. II means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  IFICANT CONDITIONS CAUSE OF COPERATION 198. CONDITION CAUSING IS OPERATION 198. CONDITION CAUSING IS OPERATION 198. CONDITION CAUSING IS OPERATION 198. CONDITION CAUSE OF COME TO THE CONDITION CAUSE OF COME TO THE CAUSE OF CAUSE OF COME TO THE C	The disease, death.)  any, giving stating the ONTRIBUTING TO THE TO THE TO THE TENER OF T	GE WHICH OPERATION  PLACE OF INJURY (e.g., i e, lorm, factory, street, o in lord, street, o its At Work	n or obout 21C. WHERE DI ffice bidg., INJURY OCCU	D (If in Bolt	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES (rise to the UNDERLYING)  OTHER SIGNITO THE DISEASE OR 19A DATE OF CONTRIBUTION OF INJURY (APPROX.)  22. I certify	ashenia, etc. II means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  IFICANT CONDITIONS COMEATH BUT NOT RELA CONDITION CAUSING IT OPERATION 198. CON WAS PERFORM TWAS UNDERLYING UTING CAUSE OF medical examines)	The disease, death.)  any, giving stating the ONTRIBUTING TO TH T.  DITION FOR VERNED  (Hour) 21E.  White War of the Control o	DUE TO  (B)  DUE TO  (C)  GE  WHICH OPERATION  PLACE OF INJURY (e.g., i e., lorm, foctory, street, o  INJURY OCCURRED  ile At Not Whith At Work  he deceosed from	20A. AUTOPSY? (Yes of not obout 21C. WHERE DI ffice bidg., INJURY OCCU	D (If in Bolt INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH?  Simore City, give exact lacotion)
DISEASES (nise la lih UNDERLYIN)  OTHER SIGNITO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)	ashenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  II INTERPOLATION TO RELA CONDITION CAUSING IT ON THE CONDITION CAUSING IT OPERATION TO PERATION TO PE	the disease, death.)  any, giving stating the ONTRIBUTING TO THE TO THE TO THE TO THE TOTAL TOTA	DUE TO  (B) DUE TO  (C)  GE WHICH OPERATION  PLACE OF INJURY (e.g., in the late of the lat	20A. AUTOPSY? (Yes of n or obout 21C. WHERE DI INJURY OCCU	INJURY OCCUR?  19 to d that in (my) (our)	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES (nise in	ashenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  II HEICANT CONDITIONS CAUSING IT CONDITION CAUSING IT CONDITION CAUSING IT CONDITION CAUSING IT CAUSE OF CA	the disease, death.)  any, giving stating the ONTRIBUTING TO THE TO THE TO THE TO THE TOTAL TOTA	DUE TO  (B) DUE TO  (C)  GE WHICH OPERATION  PLACE OF INJURY (e.g., in the late of the lat	20A. AUTOPSY? (Yes of not obout 21C. WHERE DI ffice bidg., INJURY OCCU	INJURY OCCUR?  19 to d that in (my) (our)	ERE FINDINGS CONSIDERED CAUSES OF DEATH?  timore City, give exact lacotion)  3/4 19 66  aplinion death occurred on the
DISEASES (nise to the total to	ashenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  II HEICANT CONDITIONS CAUSING IT CONDITION CAUSING IT CONDITION CAUSING IT CONDITION CAUSING IT CAUSE OF CA	the disease, death.)  any, giving stating the ONTRIBUTING TO THE TO THE TO THE TO THE TOTAL TOTA	DUE TO  (B)  DUE TO  (C)  G  E  WHICH OPERATION  PLACE OF INJURY (e.g., in the late of the	20A. AUTOPSY? (Yes on or obout 21C. WHERE DI ffice bidg., INJURY OCCU 21F. HOW DID 19 on on the bady ofter decending Med.	INJURY OCCUR?  19 to d that in (my) (our)	ERE FINDINGS CONSIDERED CAUSES OF DEATH?  Simore City, give exact lacotion)
DISEASES (rise to the total to	ashenia, etc. II means in plication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  II IFICANT CONDITIONS CAUSING IT CONDITION CAUSE OF CONDITION CAUSE OF CONDITION CAUSING IT CAUSING	the disease, death.)  any, giving stating the ONTRIBUTING TO THE TO THE TO THE TO THE TOTAL TOTA	DUE TO  (B)  DUE TO  (C)  GE  WHICH OPERATION  PLACE OF INJURY (e.g., in factory, street, on the control of the	20A. AUTOPSY? (Yes on or obout 21C. WHERE DI ffice bidg., INJURY OCCU 21F. HOW DID 19 on on the bady ofter decending Med.	INJURY OCCUR?  19 to d that in (my) (our)	ERE FINDINGS CONSIDERED CAUSES OF DEATH?  timore City, give exact lacotion)  3/4 19 66  aplinion death occurred on the
DISEASES ( rise to the UNDERLYIN)  OTHER SIGNITO THE D DISEASE OR  19A-DATE OF  21A-ACCIDED OF CONTRIBL DEATH (notify)  12D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour one 23A. SIGNATU  23C. PHYSICIA NAME (T	ashenia, etc. II means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  IFICANT CONDITIONS CEATH BUT NOT RELATED TO CAUSING!  FOPERATION 198. CON WAS PERFORM (Month) (Day) (Year)  Thot (I) (this hospital lost sow the decease of from the couses stoted from the couses from the couse from	The disease, death.)  any, giving stating the CONTRIBUTION FOR VEORMED  (Hour) 21E, White White Control of the	DUE TO  (B) DUE TO  (C)  GE  WHICH OPERATION  PLACE OF INJURY (e.g., in the late of the la	20A. AUTOPSY? (Yes of nor obout 21C. WHERE DI ffice bidg., INJURY OCCU  21F. HOW DID  19	INJURY OCCUR?  19 to d that in (my) (our)	ERE FINDINGS CONSIDERED CAUSES OF DEATH?  timore City, give exact lacotion)  3/4 19 66  aplinion death occurred on the
DISEASES (rise to the total to	ashenia, etc. II means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  IFICANT CONDITIONS CEATH BUT NOT RELATED TO CAUSING!  FOPERATION 198. CON WAS PERFORM (Month) (Day) (Year)  Thot (I) (this hospital lost sow the decease of from the couses stoted from the couses from the couse from	The disease, death.)  any, giving stating the CONTRIBUTING TO THE T.  DITION FOR VERY CONTRIBUTING TO THE T.  CHOURT 21E. Whit Was attended the delive on	DUE TO  (B)  DUE TO  (C)  G  E  WHICH OPERATION  PLACE OF INJURY (e.g., in the late of the	20A. AUTOPSY? (Yes of the control of	INJURY OCCUR?  19 to de that in (my) (our)  1 best HX	ERE FINDINGS CONSIDERED CAUSES OF DEATH?  Itimore City, give exact lacotion)  3. 4 19 66  aplinion death occurred on the state of the s

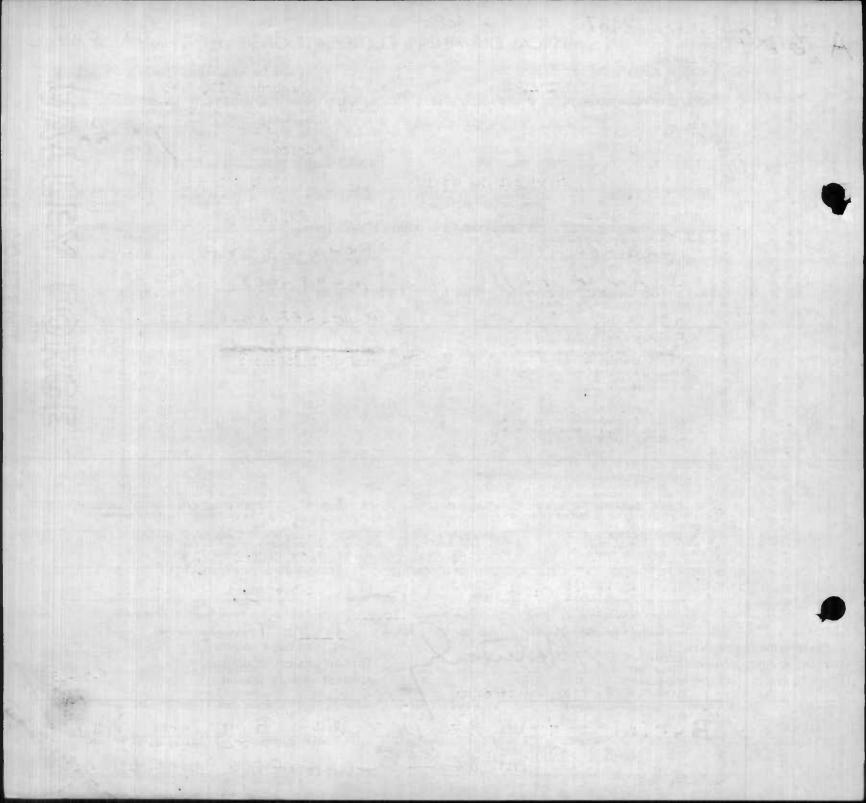
I win I whenead sono north & Pa. lives. VS 150-REV, 1/1/65



	65	243
RIPTH	NO	

VS 151-REV. 1/1/65

BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED	2, DATE AND HOUR PRONOUNCED DEAD
(Type or Print) HOWARD AYERS	February 27, 1965 p
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (II outside corporate limits, write BURAL and give township)
HOSPITAL OR ADDRESS OR LOCATION)	Baltimore /607/
	D. STREET ADDRESS (If rurel, give location)
Provident Hospital	1105 N. Gilmore
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs   Months, Days   Hours   Min.
male colored WIDOWED, DIVORCED(specify)	TVILE 25, 1916 48  RY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  LABORER	0 1
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN AYERS	MARGARET REED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	MARGARET REED
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	MARGARET AYERS - 2250 MADISON AVE
IB. CAUS	SE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (A) Stab	wound of left chest
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST, (C)	
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	
DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES  YES
₹ 21A, EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g. home, farm, foctory, street,	, in or obout 21C, WHERE DID (If in Boltimore City, give exoct location)
UNDERLYING OR CONTRIB-	office bldg., INJURY OCCUR?
OF INJURY	
(APPROX.) 2 27 65 2:00p m. WHILE AT NOT AT (22.	WHILE Stabbed during altercation
I certify that I held an Inquiry Inspection A	utopsy 🗵 and that on this bosis, deoth in my opinion
resulted from: Notural couses Accident Suici	de Hamicide X Undetermined monner
-x/X/11/17	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.	D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S NAME (Type) Rudiger Breitenecker	ASSOCIATE MEDICAL EXAMINER 2-28-65
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
Byrial 3-4-65 Mt. Au	BURN Battimore Md.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRARY	MA 24C. FUNERAL DIRECTOR J.C., Russe ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) 6:40 A.M February 25, 1965 HARRY C. HOPKINS 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Mary land FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN (If autside carparate limits, write RURAL and give township) HOSPITAL OR ADDRESS OR LOCATIONI Baltimore D. STREET ADDRESS (If rural, give location) PROVIDENT HOSPITAL 928 Harlem Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs, Manths | Days | Hours | WIDOWED, DIVORCED(specify) ast birthday Min. 38 Male Negro DIVORCEd 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY) 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 2) 10. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER INJU.S. ARMED FORCES?
(Yes, na ar unknawn), (If yes, give war ar dates of service) 17. INFORMANT ADDRESS SECURITY NO. 220-22-64939 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH and DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute/chronic pancreatitis (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease-injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Fatty metamorphosis of liver DISEASE OR CONDITION CAUSING IT. 20A, AUTOPSY? (Yes or Not 20B, IF YES, WERE FINDINGS CONSIDERED 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes MEDICAL 21 A. EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g., in ar about 21C, WHERE DID (If in Baltimore City, give exact lacation) hame, farm, factory, street, affice bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Hour)

OF INJURY 22. I certify that I held on Inquiry

ACTUAL

23A. BURIAL CREMATION.

REMOVAL (Specify)

SIGNATURE

EXAMINER'S

NAME (Type)

(Month) (Day) (Year)

23B. DATE

resulted from: Natural couses X Accident

WHILE AT m. WORK

NOT WHILE Inspection

Partial AutopsyX and that on this bosis, deoth in my opinion Suicide

Homicide Undetermined monner

CHIEF MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER X

ASSOCIATE MEDICAL EXAMINER

DATE SIGNED 2-25-65

A State

John E. Adams, M.D. 23C. NAME of CEMETERY of CREMATORY

23D. LOCATION

(City, tawn, or county)

HEALTH DEPT.

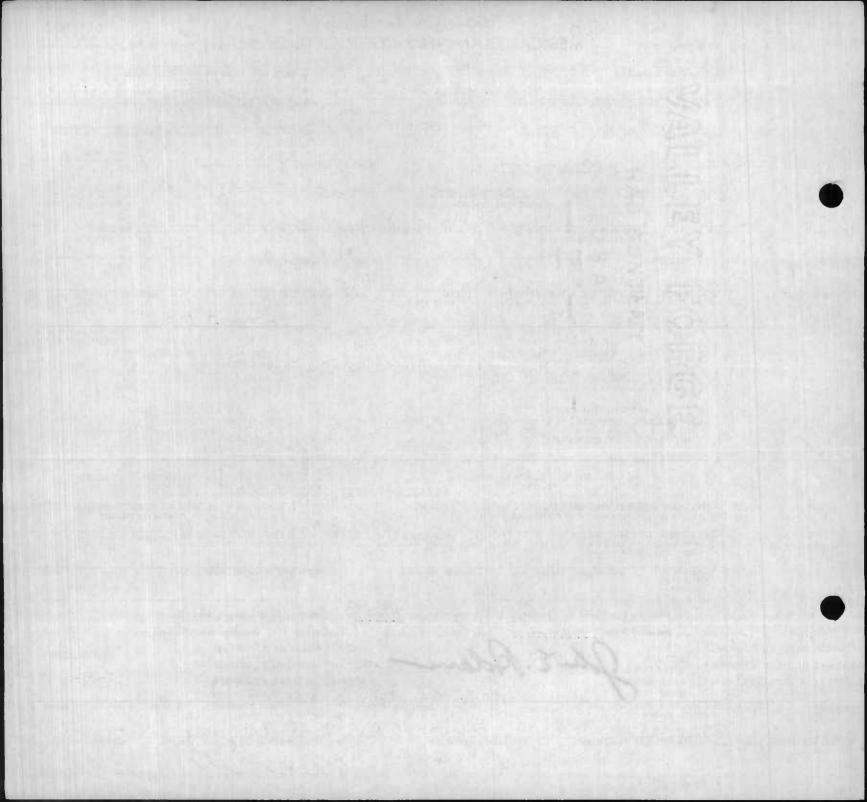
Baltimore 65

248, NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

MARYLAN ADDRESS

VS 151-REV, 1/1/65



IMPORTANT DIRECTOR: FUNERAL

medical

medical

Body chief

(2)

nature; ×

dny

of hospital

accident

SD ŧ An

the body

shows:

0

D.0.

M ds

V\$ 150-REV. 1/1/65

(except

hospital

eath

contributing

death

Undetermined regular

4

any

eath

physician

0

ecedse

uo

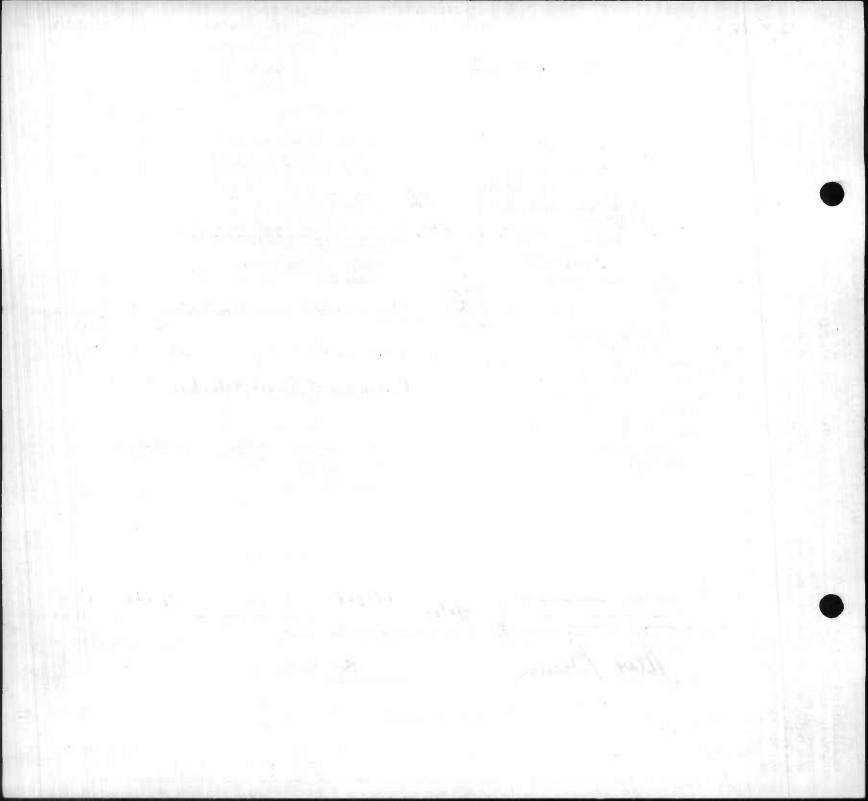
ance

attend

Language . I. cyess. et . I.b. ear ME THE STREET

			HEALTH DEPARTMENT	pistered No. 65 2440
M.E	CASE NO. 65 2440	CERTIFICA	0. 0-,	
T, N.	AME OF DECEASED	Corroll	2. DATE AND HOU	
3. P	LACE OF DEATH IN BALTIMORE, MA	Sorrell	March (	3 T965   5.20 F
			A. STATE B. COUNTY	2 6 6 5
F	ULL NAME OF (If not in hospital OSPITAL OR oddress or location	or institution, give street	Maryland	y limits, write RURAL and give township)
	STITUTION			y limits, write KURAL and give township)
1	6702 Fa	it. Ave	Baltimore D. STREET ADDRESS (If rurol, gir	ve location)
		20 21 0	6702 Fait Aver	niie
5. S	EX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE	(In years   If Under 1 Yr., If Under 24
	M W	Married (specify)	8-II-I895   lost birth	hdoy) Months Doys Hours M
		LIOB KIND OF BUSINESS OR INDUSTRY		itry) 12. CITIZEN OF
done	during most of working lile, even if retired) retired	Bethlehem Steel	Chat alimenia Wiz	WHAT COUNTRY?
13.	ATHERS NAME	Decurement Sceer	Spotslyvania Vii	griita
	Joseph A.Sorre	11	? Saunders	
15 1			17. INFORMANT	ADDRESS
	Vos Deceased Ever in U. S. Armed Fo ,no or unknown) (If yes, give wor or date			
_	no	213-07-668	Willie Sorrell	. 6702 Fait Ave
	18. 153,91	0.1002	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DI	RECTLY	. O Barolina	
	(This does not meon the mode of	dying, e.g., DUE TO	nenal Demchopner cinma & Bowelè Me	imoria 3days
	heart failure, asthenia, etc. It means injury or camplication which caused	s the disease,	21 2:44	, ,
	ANTECEDENT CAUSES	(B) La	cinma of Dowelc Me	tas tases
-	DISEASES OR CONDITIONS, if	001.10	0	
	rise to the above cause (A)			
	UNDERLYING CONDITION last.			
z	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		
ATION	TO THE DEATH BUT NOT REL.	ATED TO THE		
	19A. DATE OF OPERATION 19B. COM	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B.	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
I IL	WAS FEE	RFORMED	IN C	EKILLING CAUSES OF DEATH!
RTIF	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	n or obout 21C. WHERE DID	(If in Boltimore City, give exact location)
1 .		etc.)		
CALC	DEATH (notify medical examiner)	0.00		
CALC	21D. TIME (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?
DICAL C			le 🗀	CCUR?
MEDICAL C	21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E INJURY OCCURRED  While AI No! Whi Work A! Work	le 🗌	
MEDICAL C	21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital)	(Hour) 21E. INJURY OCCURRED  While AI Not White Work  H) attended the deceased fram	1/10/64 19	10 3/3/65 19
MEDICAL C	21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospite that (I) (we) last saw the decease	White At Not White At Work  H) attended the deceased fram 1  ed alive an 3/2/65	110/64 19	10 3/3/65 19
MEDICAL C	21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspite that (I) (we) last saw the deceas and haur and fram the causes sta	(Hour) 21E. INJURY OCCURRED  While AI Not White Work  H) attended the deceased fram	110/64 19	ny) (see ) opinion death accurred an the
MEDICAL C	21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspite that (I) (we) last saw the decease and have and from the causes state 23A. SIGNATURE	While AI NOT White AI Work  Work Not White AI Work  H) attended the deceased fram 1 ed alive an 3/2/65  Ited abave. (I) (We) (did) (did nat)	19 and that in (no view the bady after death.	ta 3/3/65 19 19 19 19 19 19 19 19 19 19 19 19 19
MEDICAL C	21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (wa) last saw the decease and have and from the causes sta 23A. SIGNATURE  Way Bau	While AI NOT White Work Not White AI Work Not Wo	19 and that in (no view the bady after death.  ending Med. Stoff Phys. Director Phys.	ny) (see ) opinion death accurred an the
MEDICAL C	21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospite that (I) (we) last saw the decease and haur and fram the causes sta 23A. SIGNATURE  WAY  23C. PHYSICIAN'S NAME (Type)	While AI NOT White Work Not White AI Work Not	19 and that in (no view the bady after death.  ending Med. Stoff Phys. [23D. ADDRESS]	ny) (see ) opinion death accurred an the
MEDICAL C	21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospite that (I) (we) last saw the decease and haur and fram the causes sta 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Dr. Max Be	While AI NOW White AI Work  Work No White AI Work  AI Work  Al Wor	19 and that in (notice the bady after death.  ending Med. Stoff Phys. [23D. ADDRESS]  7422 Eastern A	ta 3/3/65 19  ny) (pur) opinion death accurred an the  23B. DATE SIGNED  3-4-65
MEDICAL C	21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this haspite that (I) (we) last saw the deceas and haur and fram the causes sta 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) Dr. Max Be BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	While AI NOI White AI Work  Work Noi White AI Noi White AI Work  AI Work  White AI Noi White AI Work  White AI Noi White AI Work	In the last of the	ta 3/3/65 19  ny) (sur) opinion death accurred an the  23B. DATE SIGNED  3-4-65  Venue  (City, town, or county) (Ste
MEDICAL C	21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospite that (I) (we) last saw the decease and haur and fram the causes sta 23A. SIGNATURE  WAY  23C. PHYSICIAN'S NAME (Type)	While AI NOI White AI Work  Work Noi White AI Noi White AI Work  AI Work  White AI Noi White AI Work  White AI Noi White AI Work  AI Work  AI Work  AI Work  AI Work  M.D. AI No. AI Ph	In the last of the	ta 3/3/65 19  ny) (see ) opinion death accurred an the 23B, DATE SIGNED 3-4-65  Venue

REMOVAL (Specify)
Burial 2-6-65 Cemetery Paltimore, Maryland Oaklawn 25A. DATE REC'D BY HEALTH DEPT.
MAR 8 1965 25C. FUNERAL DIRECTOR Valter Labrowski VS 150-REV. 1/1/65



23C. NAME of CEMETERY OF CREMATORY

24B, NAME OF REGISTRAR

un

24C, FUNERAL DIRECTOR

23D. LOCATION

(State)

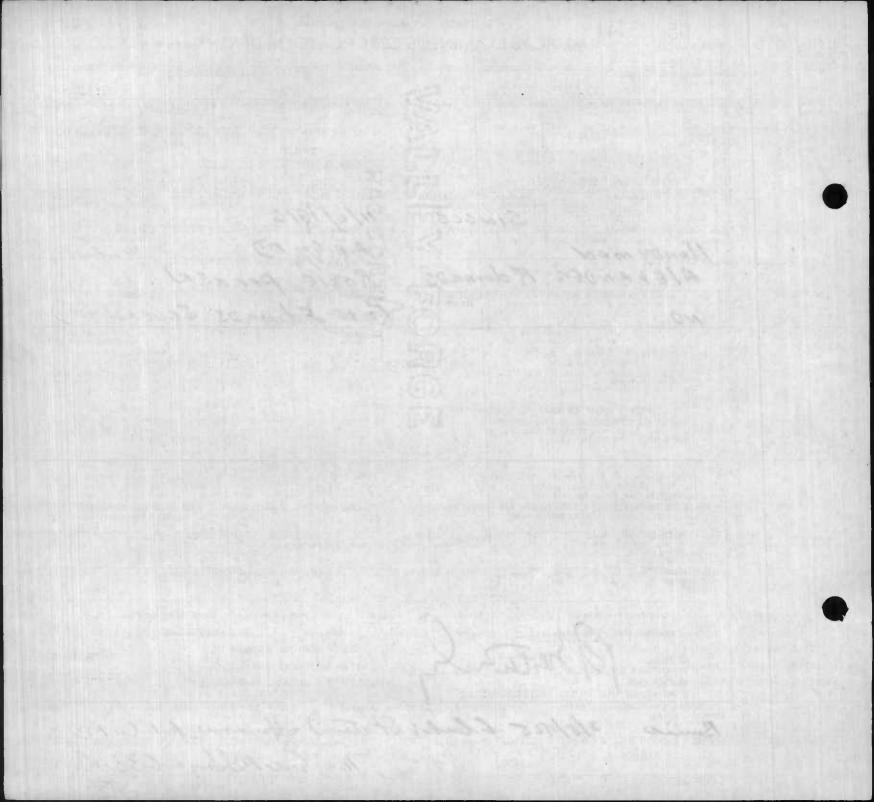
(City, town, or county)

VS 151-REV. 1/1/65

REMOVAL (Specify)

23A. BURIAL CREMATION, 238, DATE

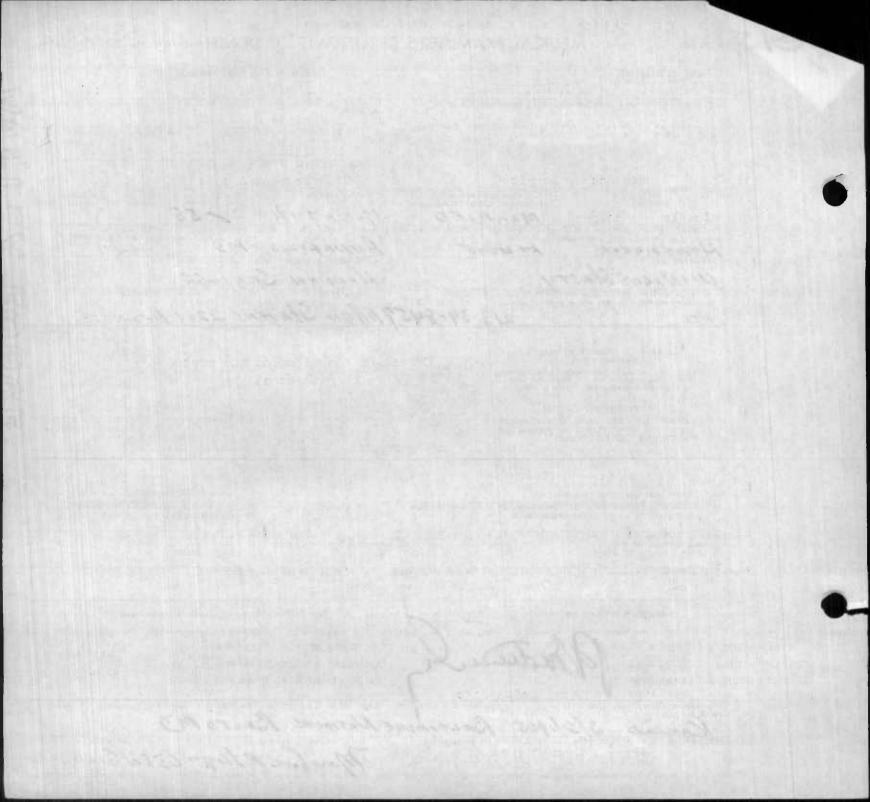
24A. DATE REC'D BY HEALTH DEPT.



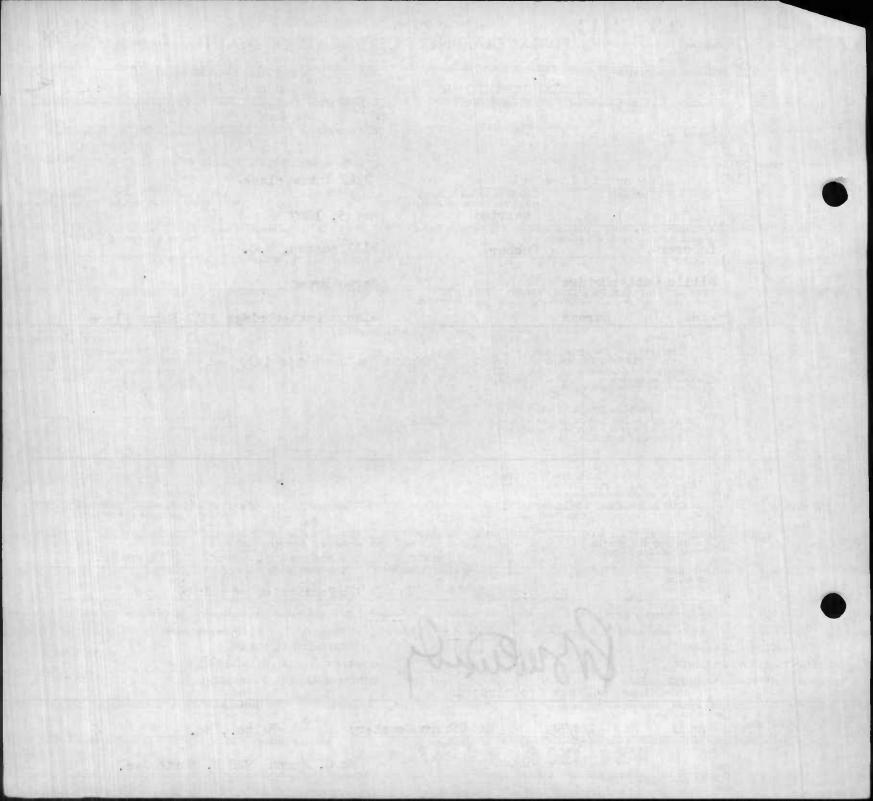
24C. FUNERAL DIRECTOR

24A. DATE REC'D BY HEALTH DEPT.

248, NAME OF REGISTRAR



3-4-65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Rudiger Breitenecker NAME (Type) 23A. BURIAL CREMATION, 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (Stote) (City, town, or county) REMOVAL (Specify) Burial 3/8/65 Mt Auburn Cemetery Balto. Md. 24A, DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS Wm C: March, 928 E. North Ave. VS 151-REV. 1/1/65



eceased

the

eath.

O

0

prior

uo

ance

attend

regular

and of death

a hospital

contributing cause

occurred

Burial 3/8/65 Holy Rosary Cemetery Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR Schringher Paheral Home, ADDRESS VS 150-REV. 1/1/65

Carin Frelle Hootes The war of the Com f. pours. BEFAR R. BALISD, Church Home & Hosp tal Polly 31 1

)	1	
	BIRTH NO.	

(Type or Print)

death

of

cause

contributing

(4) Undetermined

hospital

Deceased

LO

ance (5)

attend cause;

regular

WOS

death LO

pronounced

any

Such

death.

0

prior

eceased

made

disposition

or final

embalmed

Gre

remains

the

before

obtained 9

must

proval 0

0

written

CERTIFICATION

Was

physician

å

and

eath) nospital

O

0

prior to

> eceased 0

where

(except

any

of

accident

An

he body

D.O.A.

SD

Body

0

hospital

attendance

regular

5. SEX

M.E. CASE NO.

BERNARD 3. PLACE OF DEATH IN BALTIMORE MARYLAND 2 DATE AND HOUR OF DEATH

	2. DATE AND HOUR OF DEATH		
	March 4. 1965	2:05	P.M
USUAL	RESIDENCE (Whose deceased lived. If institution	residence before	odmission)

FULL NAME OF HOSPITAL OR

(If not in hospital or institution, give street oddress or location)

Maryland

C. CITY OR TOWN Baltimore
D. STREET ADDRESS

(If rural, give location)

(If gutsido city limits, write RURAL

St. Joseph Hospital

7. MARRIED, NEVER MARRIED 6. RACE WIDOWED, DIVORCED (specify) Widowed

3209 Raverwood Avenue #2 R. DATE OF BIRTH 10/10/1879

9. AGE (In years lost birthday)

If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours

White 10A USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Bakery

Germany 14. MOTHER'S MAIDEN NAME

Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHERS NAME Unknown

6. SOCIAL

17. INFORMANT

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

(Yes, no or unknown) (If yos, give wor or dotos of service) No

SECURITY NO.

Mary Morton 109 Manle Lane N.W. Glen Burnie

(A) Acute Pulmonary Edema

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

5. Was Deceased Ever in U. S. Armod Forces'

(This does not mean the made of dying, e.g., hearl failure, asthenie, etc. Il means the disease, injury ar complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) sloling the UNDERLYING CONDITION last.

DUE TO

П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 198, CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED

20A. AUTOPSY? (Yos or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner)

etc.) 21 E. INJURY OCCURRED

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?

MEDI (Month) (Doy) (Year) OF INJURY (APPROX.)

(Hour) While At Work

Not While At Work

22. I certify that (12) (this hospital) attended the deceased fram. March 4 that (4) (we) last saw the deceased alive an.....

65

March 4. and that in (mixx (aur) opinion death accurred on the date

(If in Boltimoro City, give exact location)

and haur and from the causes stated above. Of (We) (Md) (did XXV) view the body after death. 23A. SIGNATURE

24C. MAME of CEMETERY of CREMATORY

Attending Phys.

M.D.

23D. ADDRESS

Stoff Med.

238, DATE SIGNED

(City, town, or county) Baltimore, Md.

ADDRESS

24A. BURIAL CREMATION, 248, DATE REMOVAL (Specify) 3/8/65 25A. DATE REC'D BY HEALTH DEPT.

A. Subong, JR.

Holy Redeemer Cemetery

3551 Breams Lane Home, Inc.

24D. LOCATION

VS 150-REV. 1/1/65

23 C. PHYSICIAN'S

NAME (Type)

FUNERAL

IMPORTANT DIRECTOR: J

Amelia A. Redmond 2. DATE AND HOUR OF DEATH

FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)

(Type or Print)

INSTITUTION

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

Maryland C. CITY OR TOWN

(If outside city limits, write RUKAL and give township

USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

Baltimore

D. STREET ADDRESS (If rural, give location)

206 S. Regester Street #31

5. SEX 6. RACE female white

Harford Gardens Conv. Home

. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) widowed

at home

8. DATE OF BIRTH

9. AGE (In years lost birthday

If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours

10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) housewife

Baltimore, Maryland 14. MOTHERS MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

George L. Schlimm

Unknown 17. INFORMANT 6. SOCIAL

ADDRESS

ONSET AND DEATH

5. Was Deceased Ever in U. S. Anned Forces (Yes, no or unknown) (If yes, give wor or doles of service)

SECURITY NO. none

Henry M. Redmond 206 S. Regester St. CAUSE OF DEATH INTERVAL BETWEEN

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, astherio, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving to the obove cause (A) stoting the UNDERLYING CONDITION last.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED

20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

CERTIFICATION 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined

218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?

(If in Boltimore City, give exact location)

(Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)

21 E. INJURY OCCURRED While At Work

21F. HOW DID INJURY OCCUR? Not While

22. I certify that (1) (this hospital) attended the deceased fram March 3 19 that (1) (we) last saw the deceased alive an.

At Work

and that in(my) (tous) apinian death accurred an the date

and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death.

23A, SIGNATURE 23C. PHYSICIAN'S NAME ype)

Attending Director 23D. ADDRESS

Stoff Phys.

238, DATE SIGNED

Dr. Loy/Zimmerman 24A. BURIAL CREMATION, 24B. DATE

24C. NAME of CEMETERY OF CREMATORY

Baltimore Cemetery

M.D.

M.D.

3202 Harford Road 24D. LOCATION

(City, town, or county)

3/6/65 Burial 25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

258. NAME OF REGISTRAR

Baltimore, Maryland

ADDRESS

the chief medical examiner before where to the hospital å nature; obtained 9 approved (except and any death); hospital the body was released must accident certificate must 0 approval 0 prior to eceased D.0 shows: Mas

t or contributing cause of death Undetermined cause; (5) Deceased

hospital

occurred

death

or his assistant if

IMPORTANT

DIRECTOR:

FUNERAL

Such

death.

prior

deceased

the

attendance

10

regul

MOS

physician

MEDI

disposition is mad

or final

embalmed

0

ance

attend 10

regular

Was

death 0

pronounced

Who are

physician the remains

the

(4)

kind;

any

of

fracture

3

examiner.

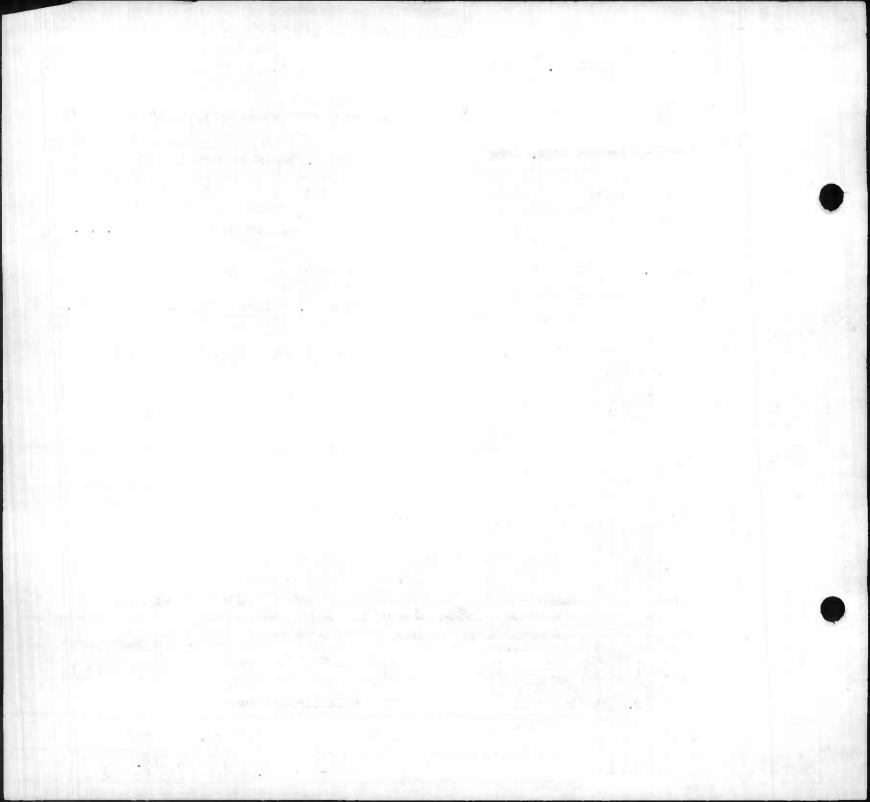
medical

O

(2)

VS 150-REV. 1/1/65

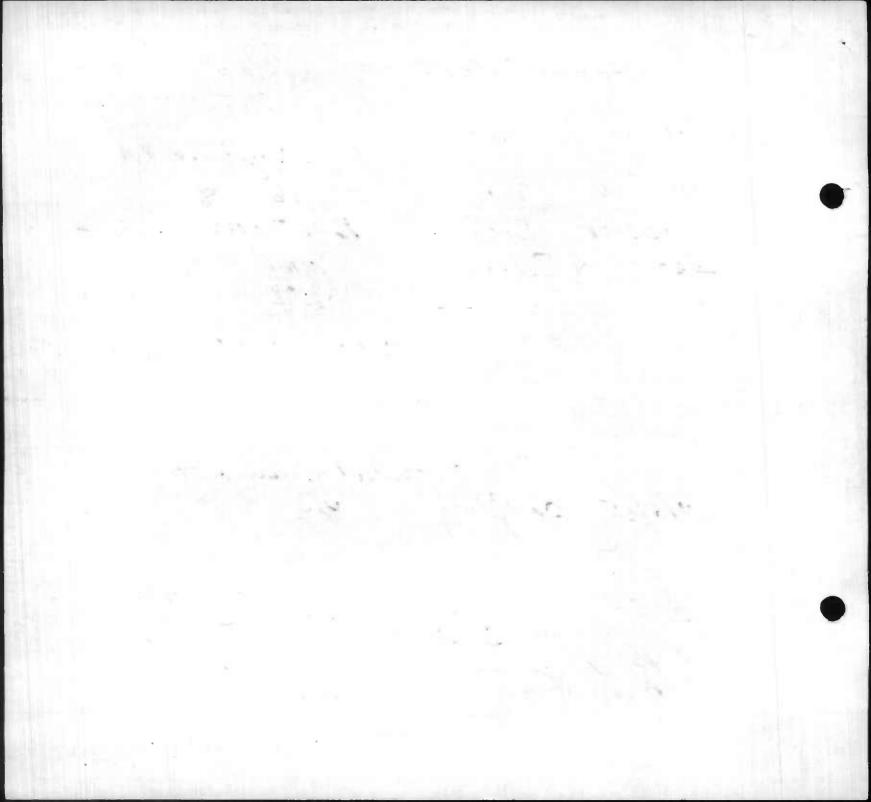
Schiminek Funeral Home, Inc. 2601-03-05 E. Madison Street



## FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BAL	TIMORE CITY HEALTH DEPARTMENT	CE 0142
BIRTH NO. 65 2447 CE	RTIFICATE OF DEATH Registered No.	65 2447
1, NAME OF DECEASED	2. DATE, AND HOUR OF DEATH	the contract of the contract o
(Type or Print) CA HELL FO ( EDDI	3//	930
3. PLACE OF DEATH IN BALTIMORE, MARYCAND	Andrew / 6 5 5 14. USUAL RESIDENCE (Where deceased lived. If institu	tion to ideace before admission)
Without of Beatiff to Paritiments Highlight	A. STATE B. COUNTY	The state of the s
FULL NAME OF (If not in hospital as institution, give street	ma MATIMAN	the Ballo
HOSPITAL OR oddress or location	C. CITY OR TOWN (If outside city limits, write RUR)	AL ond give township)
7	SPITME SALTIMORE 24	on chi ham
MANICAND CONDIAC NO.	D. STREET ADDRESS (If rurol, give locotion)	- 1
	7752 Wires Brok	Pd
		\c/L
5. SEX 6. RACE 7. MARRIED, NEVER MANUAL MIDOWED, DIVORCE	ARRIED B. DATE OF BIRTH 9, AGE (In years If	Under 1 Yr. If Under 24 Hrs.
Ill a martio	1 1/ 1/2 / 1/1/2	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS	OR INDUSTRY 11. BIRTHPLACE (State or loreign country)	CITIZEN OF
done during most of working life, even if retired) Schaefer B1	rewery 2 1 Town 13 2	WHAT COUNTRY?
Laborer Drewer	9 1291/1more Md.	4011
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME	-
Capacian Al Salas lat	- CMma - Pors	11004
15 Was Decembed Eduin II S A and Escape 2	21.00	ADDRESS
15. Was Deceased Effet in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of service)  16. SOCIA SECUR	in No. Helen B. Wilhelm Scheele	er.wife.above
UN Known Yes W. W2 214-01.	-9299 52/+	,
18. 1/02 Y - 1/ 5 V	CAUSE OF DEATH	INTERVAL BETWEEN
473 ATT 163 A	201	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY SELECTION OF LEADING TO DEATH	" DNewmonia *	13 down
(This daes not meen the made of dying, e.g.,	DUE TO	10000
heart failure, asthenio, etc. It means the disease,	DOE 10	To the state of th
injury at camplication which caused death.)		•
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, if any, giving	00110	7
rise to the above cause (A) stoling the	(C)	
UNDERLYING CONDITION lost.		•
II .		4
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	stay of presumonectory	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPE	RATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED LINE	IN CERTIFYING CAUSES	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 7218 PLACE OF		y, give exact location)
OR CONTRIBUTING CAUSE OF home, lorm, for	ctory, street, office bldg., INJURY OCCUR?	77. 970 0.001 100010117
DEATH (notify medical exominer) etc.)		
OF INJURY  OF INJURY  OF INJURY  (Month) (Doy) (Year) (Hour) 21E, INJURY O  While At	CCURRED 21F. HOW DID INJURY OCCUR?	
	Not While	
(APPROX.) Work	Al Work	1- 1-
22. I certify that (1) (this hospital) attended the decease	ad from 3/1 1955 to 3/	5 1965,
that (1) (we) lost saw the deceased alive on 3	5 19 65 and that in (my) (our) opinion	death accurred on the date
and hour and from the causes stated above. (1) (We) (dia		
		DATE CONTROL
23A. SIGNATURE		R. DATE SIGNED
11/20les	M.D. Attending Med. Stoff Phys.	5/3/80
23C. PHYSICIAN'S	23D. ADDRESS	1-1-
NAME TYPE MY 9311EVS	M.D. MAGT	
1 / - · / · / · / · / · / · / · / · / · /	100000	
REMOVAL (Specily)	METERY of CREMATORY 24D. LOCATION (City, to	own, or county) (Stote)
	of Faith Cem. Baltimore, Md.	
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTE		ADDRESS
MAR 8 1965 M.O. & E. F.	Schimunek Funeral Hom	ne, Inc.
	3331 Brehms Lane	
VS 150-REV, 1/1/65		



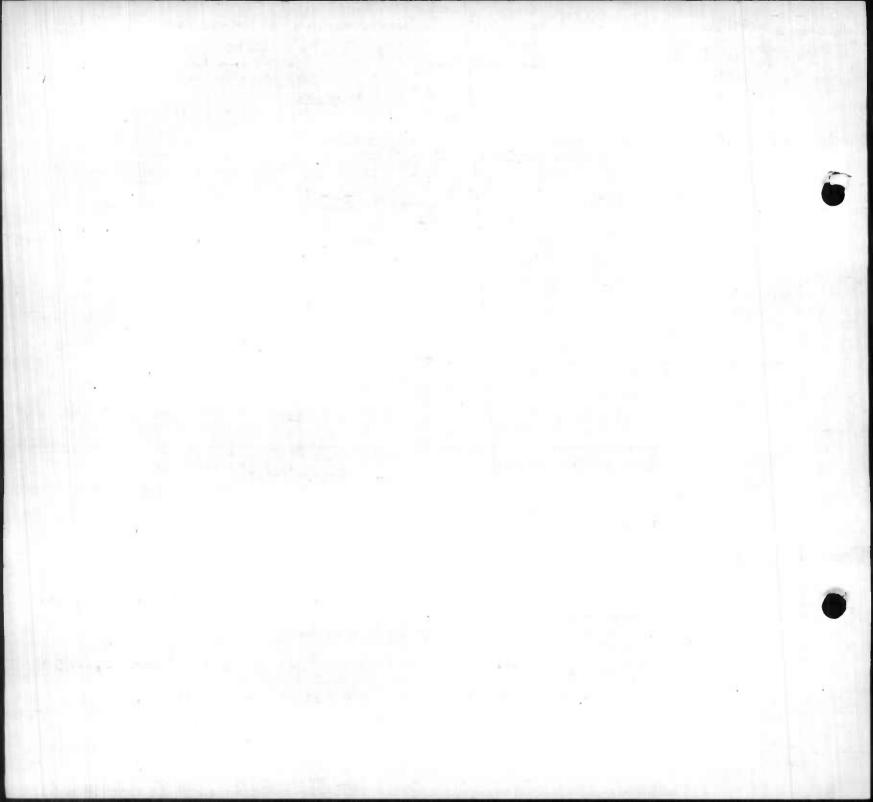
Registered	No	65	24	4	8
					-

RTH NO. 65 2440	CERTIFICA	ATE OF DEATH Registered No.	. 00 2448		
A.E. CASE NO. NAME OF DECEASED  (ype or Print)  Wil:	liam Bremsteller	March 4, 1965	10:00 A.		
HOSPITAL OR oddress or locotion	or institution, give street	4. USUAL RESIDENCE (Where deceosed lived, If A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write	institution: residence before admissio		
Baltimore City Hosptials 4940 Eastern Avenue		Baltimore  D. STREET ADDRESS (If rurol, give locotion).			
Baltimore,	Maryland 21224	307 S. Dallas Street 21231			
Male White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH 9. AGE (In years lost birthday) 77	If Under 1 Yr. If Under 24 H Months Doys Hours Min.		
DA. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired)	108. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Veod SAKESMAN	SelF	Maryland	U. S. A.		
3. FATHERS NAME HERMAN C		MARY MOHR			
(es, no or unknown) (If yes, give wor or dote		RECORDS: BCH: 4940 Easter	ADDRESS #2722/		
18. 45 4 4 1		OF DEATH	INTERVAL BETWEEN		
DISEASE OR CONDITION DIF	tastatic Carcinoma of Lung	? 4 Months			
(This does not meen the made of heart failure, asthenia, etc. It means injury ar camplication which caused	3 Years				
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION tast.	any, giving R/1	O Pneumonitis	? 1 Week		
OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELA	TED TO THE	A-Presection in 62)			
WAS PER	pormed arcinoma of Rectum	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g.	office bldg., INJURY OCCUR?	ore City, give exoct locotion)		
21 D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED  While At Not W Work At Wo	21F. HOW DID INJURY OCCUR?			
22. I certify that (1) (this hospital		anuary 25, 19 65 to Mar	ch 4. 1965		
that (1) (we) last saw the decease			pinian death accurred an the d		
and haur and from the causes sta	ted above. (1) (We) (did) (did nat)	view the bady after death.			
23A. SIGNATURE Reclard	fare, M.D. A	Attending Med. Stoff Phys. C	March 4, 1965		
23C. PHYSICIAN'S NAME (Type) Dr. Ric		23D. ADDRESS			
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)  Pier in 1  3/6/19	24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (	City, town, or county) (State		

25A. DATE REC'D BY HEALTH GEPT.
MAR 8 196 25B. NAME OF REGISTRAR
ROLLIS E FAIRENTA 1965

FREDERICK A

VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

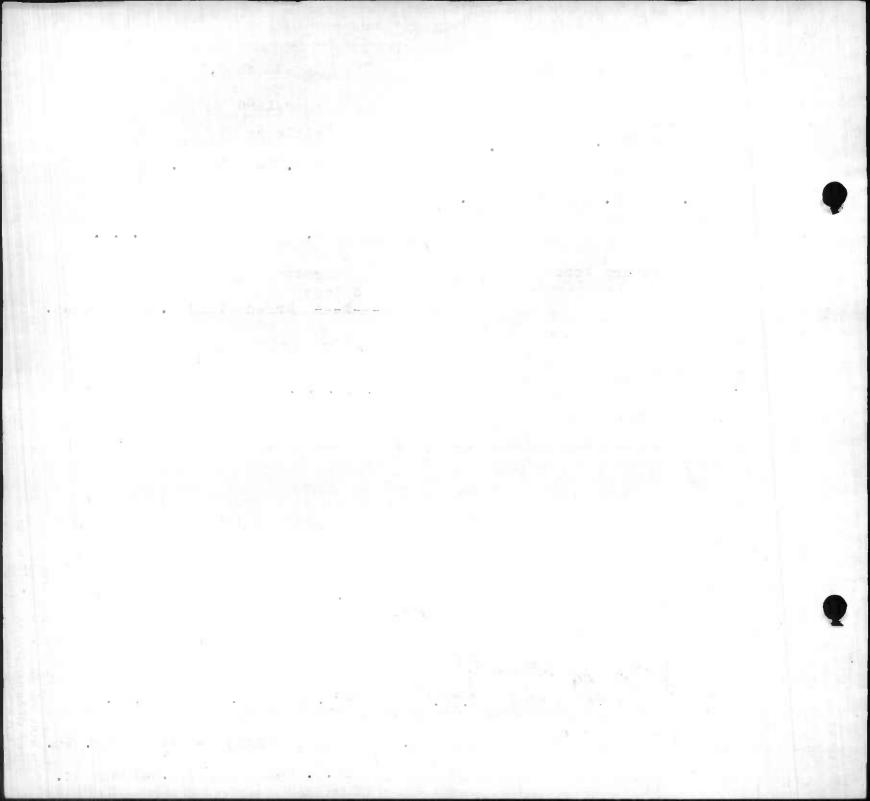
TNA	TH NO. 65 2449	CEKTIFICA	TE OF DEATH Registered No			
	AME OF DECEASED	1	2. DATE AND HOUR OF DEATH	5 1550		
3. P	PLACE OF DEATH IN BALTIMORE M	LOSOVSKY	4. USUAL RESIDENCE (Where deceased lived, If	institution; residence before ad		
			A. STATE B. COUNTY	h Are		
FULL NAME OF (If not in hospital or institution, give street address or location)			Maryland Baffa			
IN	NSTITUTION			C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
3			Baltimore D. STREET ADDRESS (If rural, give location)			
So	outh Baltimore 1	general Hospital	6800 Brentwood Ave			
5. SE		7, MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months: Doys Hours		
Y	$n$ $\mu$	married (specify)	4-19-1904 60	Monins Doys Hours		
			11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
done	during most of working life, even if retired Guard	Merchantile Trus	Baltimore Md.	USA		
13. F	FATHER'S NAME	1101 0110110110 11101	14. MOTHER'S MAIDEN NAME	0 0 2		
	John Losovsky		2			
15. V	Was Deceased Ever in U: S. Anned F	orces? 1 6. SOCIAL	17. INFORMANT	ADDRESS		
(Yes,	s, no or unknown) (If yes, give wor or do	tes of service) SECURITY NO.				
	no	213-07-2304				
	1B. 420./1		OF DEATH	ONSET AND DEA		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ente Myscardial			
	(This does not mean the mode of					
	heart failure, asthenia, etc. It mean injury or complication which cause		Julian	V F		
	ANTECEDENT CAUSES (B)					
	DISEASES OR CONDITIONS, if	any, giving				
	rise to the obove cause (A UNDERLYING CONDITION last.			*********************************		
-	ATTENDED CONDITION 1051.					
z	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING				
	TO THE DEATH BUT NOT REI	LATED TO THE	* a			
ATION						
	WAY LE					
ERTIFIC	~	A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?				
CERTIFIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?			
CAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?			
DICAL CERTIFIC	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, etc.)  1) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year	home, form, foctory, street, etc.)	21 F. HOW DID INJURY OCCUR?			
MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Yeal OF INJURY	home, form, foctory, street, of etc.)  i) (Hour) 21 E. INJURY OCCURRED  While At Not White At Work	le	5		
MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year OF INJURY (APPROX.)	home, form, foctory, street, cetc.)  (Hour)  21E. INJURY OCCURRED  While At Not White Mark  Work  At Work  al) ottended the deceased from	21 F. HOW DID INJURY OCCUR?	5		
MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year OF INJURY (APPROX.)  22. I certify that (1) (this hospit that (1) (we) lost sow the decease.	home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not White Mat Work  al) ottended the deceased from seed alive on 3	21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  19 6 5 to 3  19 6 5 to 3  19 6 5 to 0 ond that In(my) (our) open series of the serie	5		
MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year OF INJURY (APPROX.)  22. I certify that (1) (this hospit that (1) (we) lost sow the decease.	home, form, foctory, street, cetc.)  (Hour)  21E. INJURY OCCURRED  While At Not White Mark  Work  At Work  al) ottended the deceased from	21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  19 6 5 to 3  19 6 5 to 3  19 6 5 to 0 ond that In(my) (our) open series of the serie	5		
MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year OF INJURY (APPROX.)  22. I certify that (I) (this hospit that (I) (we) lost sow the decease and hour and from the causes st	home, form, foctory, street, etc.)  (Hour)  21 E. INJURY OCCURRED  While At Not Whi At Work  al) ottended the deceosed from  sed clive on 3 - 5  oted obove. (I) (We) (did) (did not)	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 5 to 3  19 5 to 3  view the body ofter death.	—		
MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)  22. I certify that (1) (this hospit that (1) (we) lost sow the decease ond hour and from the causes st 23A. SIGNATURE	home, form, foctory, street, etc.)  (Hour)  21 E. INJURY OCCURRED  While At Not Whi At Work  al) ottended the deceosed from  sed clive on 3 - 5  oted obove. (I) (We) (did) (did not)	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 5 to 3  19 5 to 3  view the body ofter death.	——————————————————————————————————————		
MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year OF INJURY (APPROX.)  22. I certify that (I) (this hospit that (I) (we) lost sow the decease and hour and from the causes st	home, form, foctory, street, etc.)  (Hour)  21 E. INJURY OCCURRED  While At At Work  al) ottended the deceosed from  sed clive on 3-5  oted obove. (I) (We) (did) (did not)  M.D. Att  Physical	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 5 to 3  19 5 to 3  view the body ofter death.	——————————————————————————————————————		
MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year OF INJURY (APPROX.)  22. I certify that (I) (this hospit that (I) (we) lost sow the decease ond hour and from the causes st 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	home, form, foctory, street, of etc.)  (Hour)  21 E. INJURY OCCURRED  While At At Work  al) ottended the deceosed from  oted obove. (I) (We) (did) (did not)  M.D. Att  M.D. M.D. Att  M.D. M.D. M.D. Att  M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 65 to 3  19 65 to 3  view the body ofter death.  23D. ADDRESS	oinion death accurred on		
MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year OF INJURY (APPROX.)  22. I certify that (I) (this hospit that (I) (we) lost sow the decease ond hour and from the causes st 23A. SIGNATURE	home, form, foctory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While At Not White Man Not Work  At Work  al) ottended the deceosed from the deceosed f	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 5 to 3  19 5 to 3  view the body ofter death.  22D. ADDRESS  EMATORY  24D. LOCATION  (19 10 10 10 10 10 10 10 10 10 10 10 10 10	23B, DATE SIGNED		

The Ed State of the State of th

4-19-1704 6

7-E - 64 - 25 - 6-1

	BALTIMORE CITY	HEALTH DEPARTMENT		11-
BIRTH NO. 65 2450	CERTIFICA	TE OF DEATH	Registered No.	65 2450
I. NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
Dinah Carter  3. PLACE OF DEATH IN BALTIMORE, MARYLAND		Mar	ch 5.1965	
PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before admissio	
FULL NAME OF (If not in hospital or institutio	n, give street	Marvla	and	16-01.
MOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give lownship)			
1219 W.Lanvale St	Baltimore D. STREET ADDRESS (If rurol, give location)			
M allyale St	•			
SEX 6. RACE 7. MARRIE	ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Ho
WIDOV	VED, DIVORCED (specify)	2/11/1862	lost birthdoy)	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10 B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
one during most of working life, even if retired)		**		WHAT COUNTRY?
. FATHERS NAME		Va.	ME	U.S.A.
Henery Pope	1 6. SOCIAL	Henretta 1	Vutt	ADDRESS
es, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.	Salone Address		
NO		Siene Bros	vn 1219 W	Lanvale St.
18. 420.11	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C	orinary Ocelu	sion	2 days
(This does not mean the made of dying, e.	(A)	01211017 00020		
hearl failure, asthenia, etc. Il means the diseastinjury or camplication which caused death.)				
ANTECEDENT CAUSES	(0)	A.H.C.V.D.	rri s	2
DISEASES OR CONDITIONS, if any, givin	DUE TO			
rise to the above cause (A) stating t				
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ING THE	None		
	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., inome, form, foctory, street, office)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	While At Not Whi			
	Work At Work	Feb. 12, 1965		March 5, 1965
22. I certify that (I) (this hospital) attended	Manch 5 10	65		7, 2, 4, 2, 4, 2, 4, 2, 4, 2, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,
that (I) (we) last sow the deceased alive or	nPidat OII ), 1)	ond th		nion death occurred on the de
and hour and from the couses stated above.	(I) (We) (did) (did nat)	view the body ofter death.	Did	
23A. SIGNATURE	01	anding rese Adad -	the Heat	23B. DATE SIGNED
yeary MR Don		ending Med. Director	Phys.	3/6/65
23C. PHYSICIAN'S Native (Type		23D. ADDRESS		84 -
George Mc Donal		844 N.Carey	St.Baltim	ore, Md.
4A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specily)	NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (C	ity, town, or county) (State)
Daniel 2 /0 /20/5	Church Cem.	Not	ththumber	land Co Ve
	E OF REGISTRAR	25C. FUNERAL DIRECTO	1	Pland Co Va.
THEN O HOOF IN O D	En Cl. How This II h	1 2 61		
MAK & 1900 ULL Ver	D. G. Homsen Lyn	Geo.G. Mel:	son Land N	.Calhoun st.



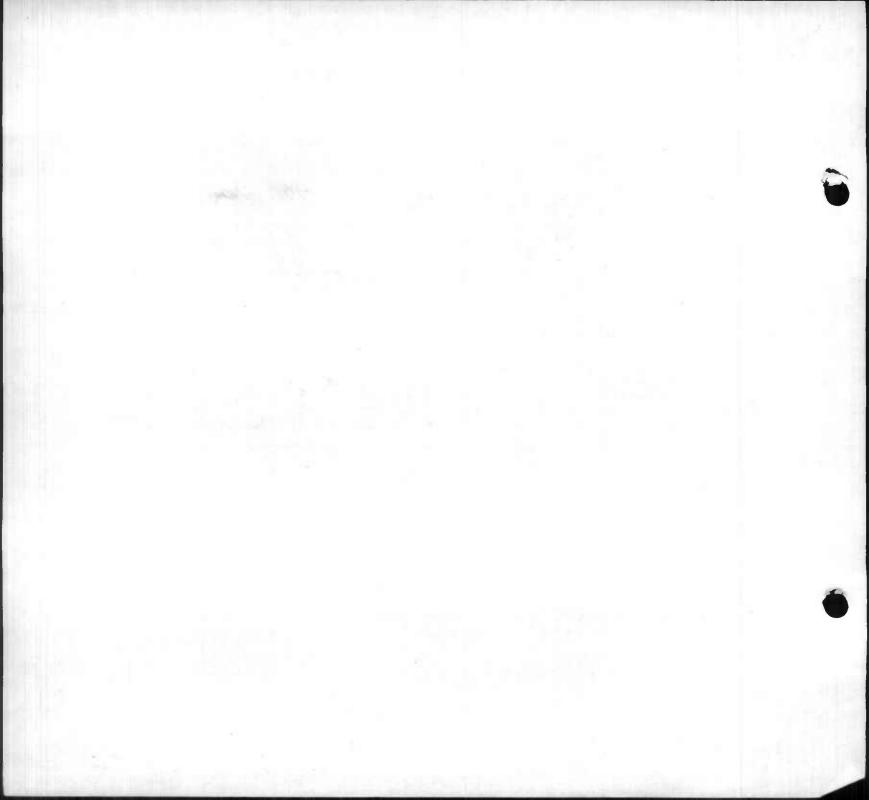
VS 150-REV. 1/1/65



IMPORTANT FUNERAL DIRECTOR:

Registered Na. BIRTH NO. CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside city limits, write RURAL and give-If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.3 A ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that In(my) (aur) apinian deoth occurred an the date 23 B. DATE SIGNED approval was D.O.A. eceased REMOVAL (Specify) shows: SUP 1 2 STORE STATE REC'D BY HEALTH DEPT. burn 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

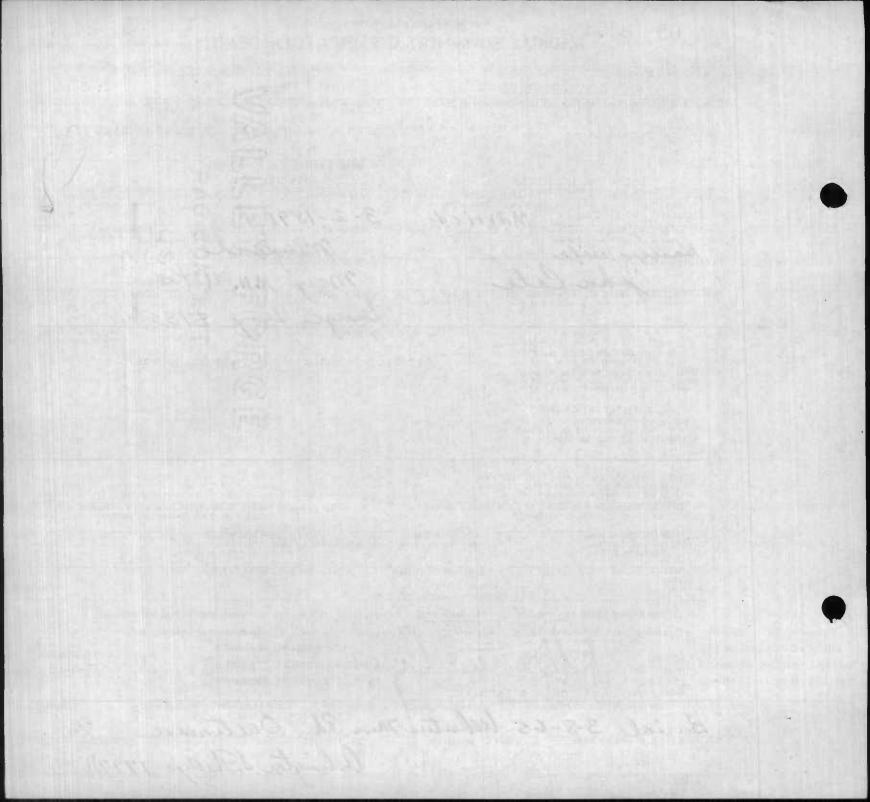
BALTIMORE CITY HEALTH DEPARTMENT



h7 64.10	SEPTIFICATE OF DEATH
BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED  (Type of Print)  GERTRUDE GRAY	March 4, 1965 3:45 a
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whore decessed lived, If institution: residence before admission A. STATE Marry Land B. COUNTY
THE NAME OF THE NOT IN HOSPITAL OR INSTITUTION CIVE STREET	Maryland B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	C. CITY OR TOWN (If outside corporato limits, write RURAL and give township)
N3110 IION	Baltimore /5
	D. STREET ADDRESS (If rurel, give location)
Lutheran Hospital	1735 Appleton St.
female colored 7. Married, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In yours lost birthday)  1 Under 1 Yr. If Under 24 H Months, Doys Hours Min  74
IOA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Maryland
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Cale	Mary M.N. Untrouva
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown (If yes, give wer or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT
	George Gray 1735 affleton
18. 4 9 CAU	SE OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY	
	iosclerotic cardiovascular disease
(This doos not moon the mode of dying, e.g., hoort foilure, esthenio, etc. It means the disease, injury or complication which caused dooth.)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUILT NOT BELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
₹ 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.	, in or obout 21C. WHERE DID (If in Boltimore City, give exect location) office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	office bldg., INJURY OCCUR?
Z 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	D 21F, HOW DID INJURY OCCUR?
OF INJURY	T WHILE WORK
m. WORK AT	WORK L
	ond that on this bosls, death in my opinion
resulted fram: Natural causes X Accident Suich	Ide Homicide Undetermined monner
The state of the s	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE A PUPUL CULTA.	D, ASSISTANT MEDICAL EXAMINER A 3-4-65
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Rudiger Breitenecker	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
23A. BURIAL CREMATION, 23B. DATE 23C, NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)

Burial 3-8-65 Williams Mem, Th. Dallimail
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

VS 151-REV. 1/1/65



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

#	1156	BALTIMORE CITY H	EALTH DEPARTMENT		65 2454
BIRT	TH NO. 65 2454 MOULTRY	CERTIFICAT	E OF DEATH	Registered No.	3 70 1
1, N	AME OF DECEASED	6	2. DATE ANI	D HOUR OF DEATH	-3 - 01
(Тур	notetrio		3_5	-65	1900 A.M.
3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND		. USUAL RESIDENCE (Where		itution: residence before admission)
-	FULL NAME OF (If not in hospital or institution, give st	eet	md.		15-38
- 1	HOSPITAL OR oddress or location) NSTITUTION		CITY OR TOWN (If outs	side city limits, write RO	RAL and give township)
1			BALLIMORE		
6	0 1/2 4 11 -01	7	S. STREET ADDRESS (If n	ural, give location)	/
1	EX 16. RACE 17. MARRIED. NEVE	AI I.	3003 6Am	1'son 10/4	100
>. Z	MARKIED, NEVE			ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
103	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSIN	IESS OR INDUSTRY III	BIRTHULACE (State or foreign	6 8	12, CITIZEN OF
	during host of working life, even if retired)		1 -1	1 1.	WHAT COUNTRY?
10	Retired		South (	arolina	
13.	FATHER'S NAME	14	. MOTHER'S MAIDEN NAM	AE /	
	antrown		Mary Ja	horson	
15. Yes		CURITY NO.	INFORMANT		ADDRESS
	N () 2.13	-19-5820	Jasthenia 1	mr. Bride	Same
	18. 2 2 / Y I	CAUSE OF	DEATH	11010-40	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	A	1 ./	1 + 11.	ONSET AND DEATH
	LEADING TO DEATH	(A) Cer	cpro-Vaccu	las Acciden	+ of who
	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUE TO			
	injury or complication which caused death.)				
	ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, it any, giving rise to the abave couse (A) stating the	(C)			
	UNDERLYING CONDITION last.		the decident on the me decident decement and decident on the section of the mean of the section decident of the section of the	$\phi$ we as the security on $\phi$ . $\phi$ as the spectrum special the $\phi$ $\phi$ distributions specially showly specially $\phi$ $\phi$ and $\phi$	
_	11	<del></del>			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
CAT	DISEASE OR CONDITION CAUSING IT.	OBSERVICE	TOO A LUXODEVS (Va. as No.)	200 15 455 14555 511	NOWAC CONTINUES
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	SES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING 21B. PLAC	E OF INJURY (e.g., in a	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF home, tome etc.)	n, loctory, street, offic	e bldg., INJURY OCCUR?		
MEDIC		RY OCCURRED	21F. HOW DID INJU	IRY OCCUP?	
ME	OF INJURY (APPROX.) While At	Not While			
	W OIR	At Work		10 11	11 1 15
	22. I certify that (1) (this hospital) ottended the dec	2.4	A rep1	% J 10 2	March 1962.
	that (I) (			ot in (my) (east opini	on deoth occurred on the dote
	and how and from the causes stated above. (1) (We	(did) (did not) vie	w the body after deoth.		
	28A. SIGNATURE	M.D. Attend	ing Med.		23B. DATE SIGNED
	Joshua K. Mitchel	Phys.	Director L	Stoff Phys.	5 March 65
	23 OF PHYSICIAN'S NAME (Type)	231	D. ADDRESS	1111110000	28.1
	/	M.D.	3202 Ela	victor	ince.
244	BURIAL CREMATION, 24B. DATE 24C. NAME o	CEMETERY OF CREM	ATORY 24D. LC	CATION (City,	, town, or county) (State)
1	Burial 3-9-65 asher	tus me	m. The Ba	etimare	- my.
25A		ISTRAR	25C FUNERAL DIRECTOR	1.	ADDRESS
	MAR 8 1965 Political	Calley Hall	Welougter A	Thellife 1:	727 n. Meurae St.
VS	150-REV. 1/1/65		and 1 ().	/	

Late Comment of the c

Such

death.

prior

on the

attendance 10

a hospital and

		BALTIMORE CITY	HEALTH DEPARTMENT		05
BIRT	н но. 65 2455	CERTIFICA	TE OF DEATH	Registered No	65 2455
	. CASE NO.	CERTITICA			
	AME OF DECEASED	11.	2. DATE ANI	HOUR OF DEATH	1 -
	Webb, El	418	Mar	4.3.19	65 2,10PN
3. F	LACE OF DEATH IN BALTIMORE, MARYLAN		A. STATE B. COUNT		stitutian: residence before admission)
			4.4	nd	15 - 30
ŀ	TULL NAME OF (If not in haspital or institution)  OSPITAL OR oddress or location)	utian, give street	1000		URAL and give township)
- 1	NSTITUTION	, 0	- 11	Maria Trans	one one give township?
No.	Maryland Gones	al Hospital		WOYE	·
	Monday Lana genera	a pospilac	S CA 7	ordi, give ideafion/	n/
		/	2803 6	invison	13100
5. S		RRIED, NEVER MARRIED DOWED, DIVORCED (specify)		AGE (In years ast birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Haurs Min.
H	emale White	5i n4/e.	10-18-198	\$2	
IOA	USUAL OCCUPATION (Give kind of work 10B, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at lareig	gn cauntry)	12. CITIZEN OF
dan	during most of warking life, even if retired)		dina in		WHAT COUNTRY?
	FATHERS NAME		Virginia	_	USA
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAM	A E	
	MVatt 2 111	266	Harria	+ Davis	
15.	Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	pavis	ADDRESS
(Yes	(If yes, give war ar dates al se	rvice) SECURITY NO.			
	No	None	William C. Bl	-dsoe	Orange, Virginia
	18. 3 39. /	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	5-7	7	-	ONSET AND DEATH
	LEADING TO DEATH	(1)	mumonia	Mule	
	(This does not mean the mode of dying,		4		
	heart failure, asthenia, etc. It means the di injury or complication which coused death.			-	. /
	ANTECEDENT CAUSES	(B) / M	rome pulmo	nary emi	shysema
		DUE TO		7	
	DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoling			/	
	UNDERLYING CONDITION lost.	g lhe (C)			
z	OTHER SIGNIFICANT CONDITIONS CONTRI	RIITING			
9	TO THE DEATH BUT NOT RELATED T				
CERTIFICATION	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)	200 IE MEG WEDE E	THE CONTRACTOR
E	WAS PERFORME		ZOA. AUTOFST: (Tes of No.	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
2		103.5 51 - 65 05 11111011/	NO	07 : 5 ::	
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, farm, foctory, street, at		(It in Baltimare	City, give exact location)
CAL	DEATH (notify medical exominer)	etc.)			
EDI	21D. TIME (Manth) (Day) (Year) (Hau	21E, INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
×	OF INJURY (APPROX.)	While At Nat While	e —		
	(AFFROX)	Wark L At Wark			
	22. I certify that (1) (this hospital) atter			965 10 May	nch 3 1965
	that (I) (we) lost saw the deceased aliv	e on March 3	19 65 ond the	it in (my) (our) opin	nian death accurred on the date
	and hour and from the causes stated abo				
	23A. SIGNATURE	A see ( D ( me) ( ala) ( ala har) A	lew the body offer deoff.		DATE SIGNED
	Al .		anding	Stall A	23B. DATE SIGNED
	your, mit	M.D. After Phy		Stalf Phy s.	March: 3:1965
4	PATENTIAN'S NAME (Type)		23D. ADDRESS		111 -1
	YIM DI	11 5Un . M.D.	many las	ed Deul	ral Maspital
	1110		( ) . ( 00 ) -   -00 .	1	

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION V

(State) (City, tawn, as county)

24A. BURIAL CREMATION, 24B. REMOVAL (Specily)

Orange,

Virginia ADDRESS

Removal Mar. 4,65 Graham Comotory

25A. DATE REC'D 8Y HEALTH DEPT.

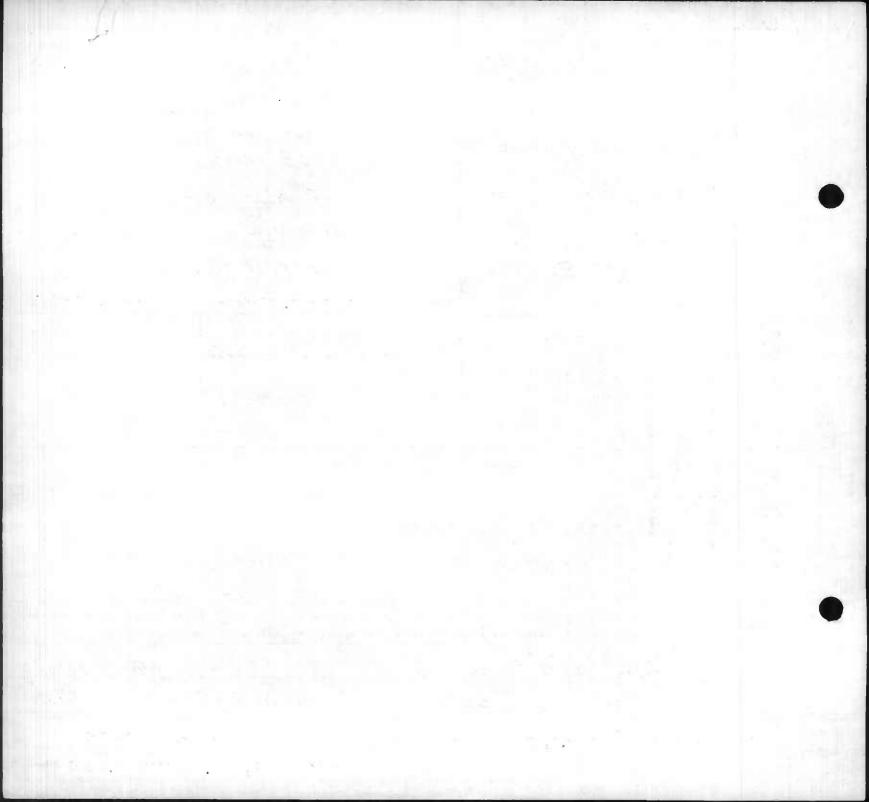
25B. NAME OF REGISTER

MAR 8 1965 Polyub E tarbuth Milliam Cool

1217 St. Paul Stroot

VS 150-REV. 1/1/65

William Cook, Inc.



hospital

COUSE

Undetermined cause;

Such M.E. CASE NO. Decease (Type or Print)

death.

prior

deceased

Mas

eath

made. regular

disposition

or finol

attendance

regulor

physician the remoins

where

(except

hospital

nature;

any

of hospital death)

physician

å

9

before

obtoined

must

approval

0

eceased

0

at

D.O.A.

M ds

the body

CERTIFICATIO

MEDIC

ance (2)

attend 0

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

2. DATE AND HOUR OF DEATH

1	1	1	0	

1	ype or r	nnıı		Max	ry	Alice	Parks
3.	PLACE	OF	DEATH IN	BALTIMORE	MA	RYLAND	

March 6, 1965 RESIDENCE (Where deceased lived, If institution; residence before admission)

Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or lacotion) C. CITY OR TOWN (If outside city limits, write RURAL INSTITUTION Baltimore City Hospitals Baltimore D. STREET ADDRESS

4940 Eastern Avenue Baltimore, Maryland, 21224 6306 Boston Street #21224 7. MARRIED, NEVER MARRIED 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX WIDOWED, DIVORCED (specify) Hours 10-11-91 Female White 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired) Sewing Machine Oper. Morris & Company Virginia U. S. A. 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME E. Riley Shuler Mary E. Parks 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO 213-32-9437 RECORDS: BCH: 4940 Eastern Avenue #21224

18	15-1XI	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(A) Cardio-Respiratory Failure	
h ir	This does not meon the mode of dying, e.g., earl failure, asthenio, etc. It means the disease, niury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving se to the above cause (A) stoling the INDERLYING CONDITION last.	Carcinoma of the Stomach with  OUE TO Metastasis  (C)	l Year
Z	THER SIGNIFICANT CONDITIONS CONTRIBUTING		

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location)

DEATH (notify medical examiner) etc.) (Month) (Doy) (Year) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

OF INJURY While At Not While (APPROX.) At Work Work 19 65 to

March 6, 22. I certify that (1) (this hospital) attended the deceased from February that (1) (we) last saw the deceased alive an March 6.

and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.

23A. SIGNATURE 23 B. DATE SIGNED Attending Med. March 6, 1965 Phys. X Director 23D. ADDRESS 23 C. PHYSICIAN'S

NAME (Type) Dr. Richard A. Johnson 4940 Eastern Avenue Baltimore, Maryland 24 24A, BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY or CREMATORY

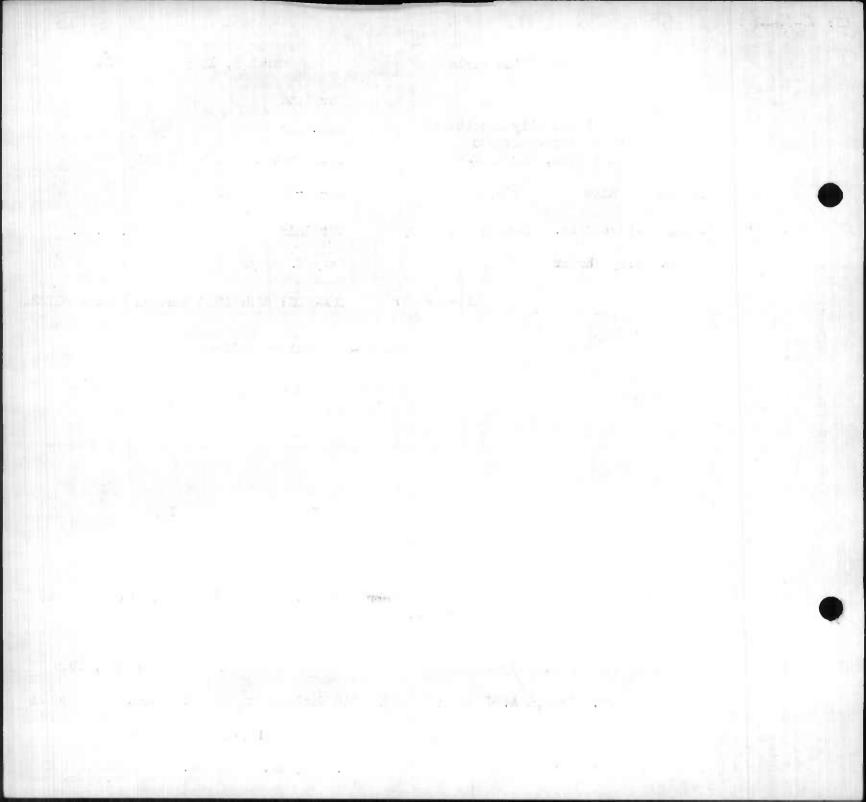
REMOVAL (Specify) REMOVAL 3-8-65 Sunset Cemetery

Christiansburg, Virginia

Wm.Cook, Inc., 1217 St.Paul Street, 21202

VS 150-REV. 1/1/65

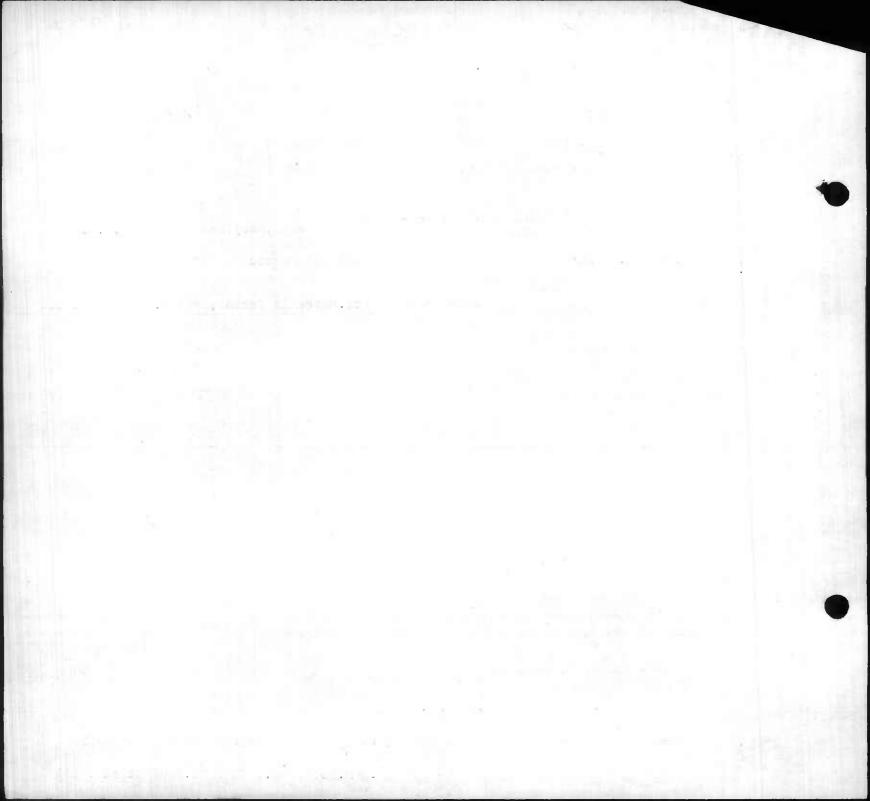
25C. FUNERAL DIRECTOR



			1	,/
of	Dece	e on	h); and (6) No physician was in regular attendance on the deceased prior to death. Su	
a hosp	e; (5)	ndanc	o dec	
ting c	d caus	atte	rior 1	0
ccurre	rmine	egular	sed p	s mad
or coi	ndetei	s in r	decec	ition i
irect	; (4) U	h wa	n the	dispos
ssistar the d	/ kind	deat	o esul	final
r his a	of an	onucec	ttendo	ed or
iner o	acture	prond	Jar a	mbaln
exam	3) A fr	who	n reg	dre e
edical	Jrns; (	/sician	was i	mains
hief m	ody be	he phy	sician	the re
the cl	; (2) 8	here t	lo phy	before
ved by	nature	(except where the physician who pronounced death was in regular attendance on	4 (9) F	nined
appro	fany	II (exc	1); and	be obt
ate must be approved by the chief medical examiner or his assistant if death occurred in a hospit, as released to the hospital by a medical examiner. Also, if the direct or contributing cause of	accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Dece	ospita	death	roval must be obtained before the remains are embalmed or final disposition is made.
ate m	n acci	at a hospi	rior to	roval

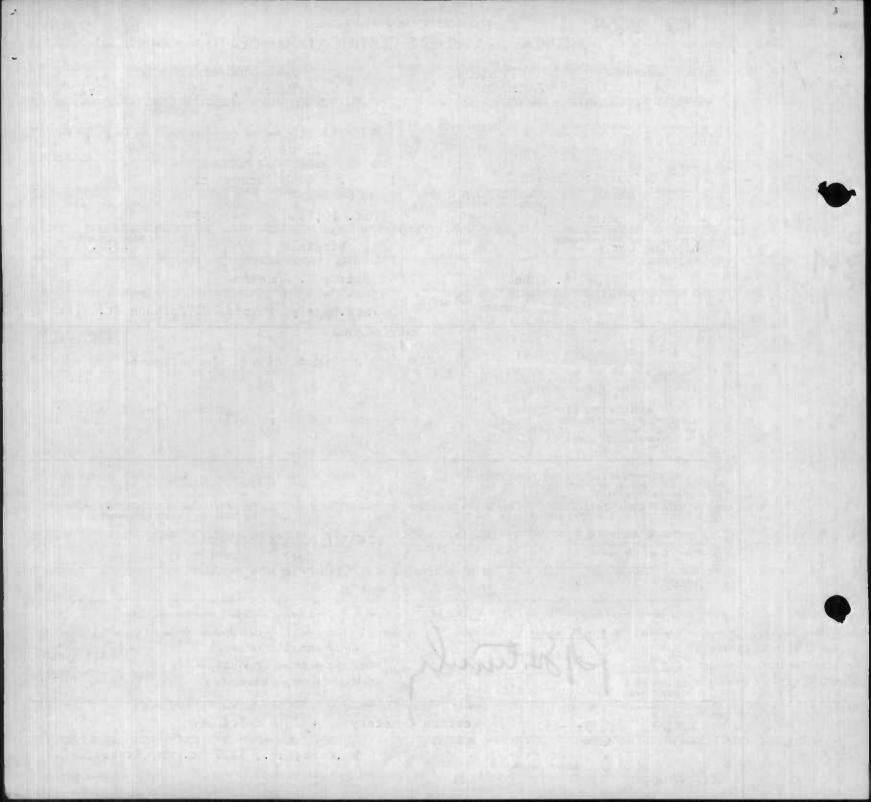
BALTIMORE CITY HEALTH DEPARTMENT Registered No. MRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Foster, Nelson W. February 28. 1965 8:15 a 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE Larvland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (If autside city limits, write RURAL and give tawnship) INSTITUTION Baltimore 21202 D. STREET ADDRESS (If rurol, give location) Johns Hoxpkins Hospital 1303 N. Calvert St 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Manths: Days If Under 24 Hrs. 6. RACE lost birthdoy) Hours WIDOWED, DIVORCED (specify) Male White 5/18/15 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign cauntry) 12. CITIZEN OF done during most of warking lile, even if retired) RACE PRINTING Ser-WHAT COUNTRY? PRINTER Baltimore, Maryland U.S.A. vice 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Nelson W. Foster Abigail Norris 17. INFORMANT ADDRESS 15. Was Deceased Ever in U. S. Armed Farces 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 212-07-4300 Mrs.Marcella Føster, 1303 N. Calvert Street no CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO heart failure, asthenio, etc. It means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving Pneumococcal rise to the above cause (A) stating the UNDERLYING CONDITION last. П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Pneumonectomy for carcinoma of the DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes ar No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218, PLACE OF INJURY (e.g., in or obout 2 C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? Ü 21A. ACCIDENT WAS UNDERLYING (II in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MED 21 D. TIME (Month) (Doy) (Year) (Hous) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this his soilar) attended the deceased from that (1) (We) last saw the deceased alive an February 65 and hour and from the couses stated above. (1) (图文(did) (故意於) view the body ofter death. 23A. SIGNATURE 238, DATE SIGNED Stoff M.D. Attending Med. Phys. L Phys. Director 23C, PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. John rins d b was D.O.A. shows: (1) 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased (City, town, ar caunty) REMOVAL (Specify) decease

ond that in (my) (Sur) Epinion death occurred on the date BURIAL 3-4-65 Loudon Park Cemetery Baltimore, Maryland 21209 2SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS 2SC. FUNERAL DIRECTOR 1217 St. Paul Street, 21202 Wm. Cook, Inc: VS 150-REV. 1/1/65



VS 151-REV. 1/1/65

, 1	65 2458 BALTIMORE CITY HEA	NITH DEDADTMENT
	100 10300	00 2458
		CERTIFICATE OF DEATH Registered No.
0 140	M.E. CASE NO.  1. NAME OF DECEASED  Anderson	2, DATE AND HOUR PRONOUNCED DEAD
C-11	(Type or Print)  JAMES CABELL	March 3, 1965   11:40 a M
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PROPOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
		A. STATE Maryland B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give lownship)
	INSTITUTION	Baltimore // //
2		D. STREET ADDRESS (If rural, give lacation)
	University Hospital	512 W. Mulberry St.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr, If Under 24 Hrs, Months, Days, Haurs, Min.
	male white widowed widowed	Oct. 10,1880 84 85x
	10A, USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	done during most of working life, even if refired) Shipping Clerk	Virginia WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	W? R. Cabell	Mattie W. Anderson
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
	(Yes, na orunknown) (If yes, give war ar dates of service) SECURITY NO.	Mrs.Madelyn Harris,721 Jackson St.Salisbury,M
	138 4 5 6 6 1	
	CAU:	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteri	osclerotic cardiovascular disease
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	- The state of the
	heart failure, astheria, etc. It means the disease, injury or camplication which caused death.)	
	ANTECENDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	101	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	The section of the se
	# DISEASE OR CONDITION CAUSING IT.	
	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.	NO
	✓ 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g. home, form, factory, street, etc.)	office bidg. INJURY OCCUR?
	1 5	
	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	
	(APPROX.)  m. WHILE AT NOT NOT AT	WHILE WORK
	22. I certify that i held an Inquiry inspection X A	utopsy and that on this basis, death in my apinian
		de Homicide Undetermined monner
	Tesoried from Protection Accident	CHIEF MEDICAL EXAMINER
	ACTUAL MINTER	DATE SIGNED
		D. ASSISTANT MEDICAL EXAMINER 3-3-65
	EXAMINER'S Rudiger Breitenecker	ASSOCIATE MEDICAL EXAMINER 3-3-65
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
	REMOVAL (Specify)	
	BURIAL 3-8-65 Western Ger	24C, FUNERAL DIRECTOR ADDRESS
	1005 P. B. Starbuth	



VS 150-REV. 1/1/65

and of death

hospital

cause

E O

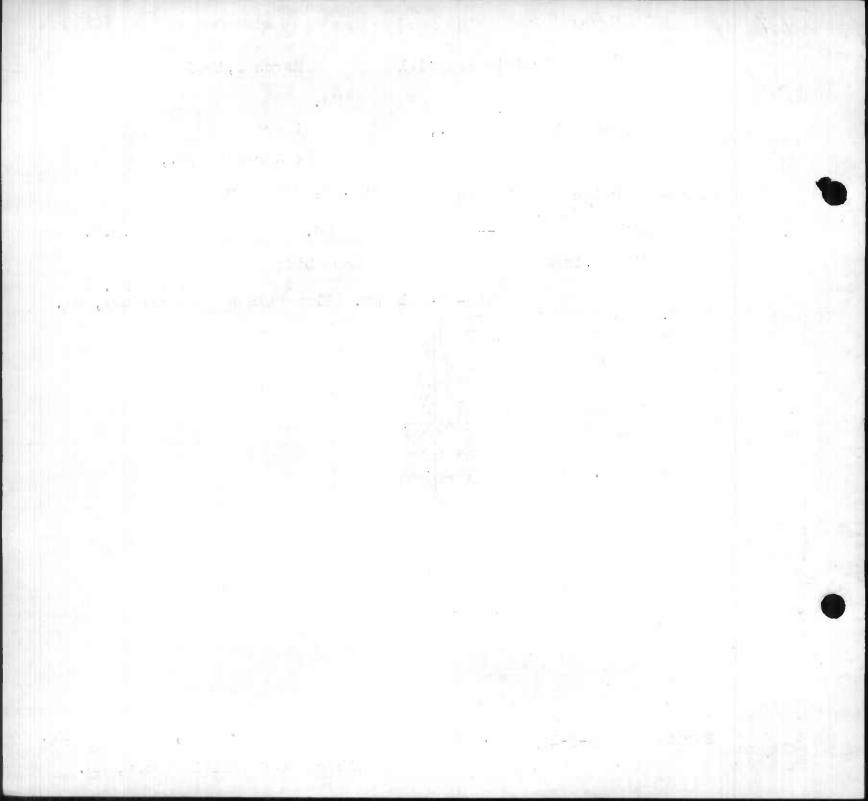
ance

eath.

lbert

Leaf

Williamsport,



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) D

was D.O.A. at a hospital (except where the physician who pronounced

the body was released to the hospital by a medical examiner.

death was in regular attendance

Also, if the direct or contributing cause

	CE	0400
APTH NO	60	2460

## BALTIMORE CITY HEALTH DEPARTMENT

Registered	No. 65	2460
------------	--------	------

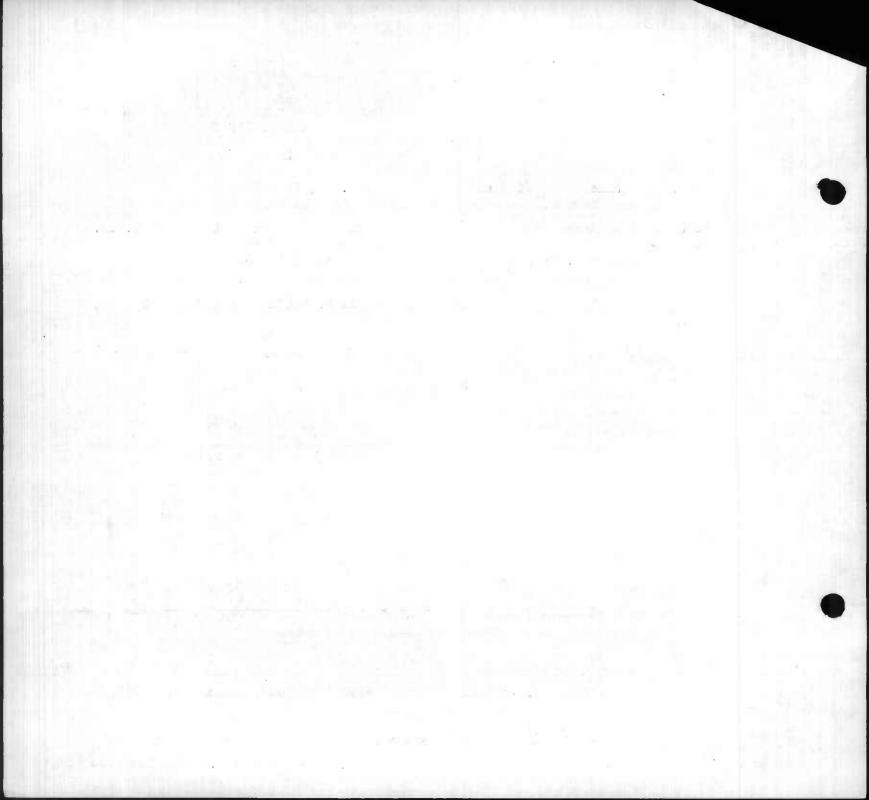
	AME OF DEC	LESTER H	. DeWITT			ND HOUR OF DEATH	
3. 9	FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or location)					RCH 3, 1965	institution; residence before adm
F				Maryland c. city or town (if o	NTY utside city limits, write	2-7-38	
/		Union Me	morial H	lospital	D. STREET ADDRESS (1) 1549 Sherv		
S. \$	male	6.RACE white		D. DIVORCED (specify)	B. DATE OF BIRTH Jan. 28, 1896	9. AGE (In years lost bighday)	Months Doys Hours
done	e during most of s	JPATION (Give kind of w working life, even if retired al Engineer		F BUSINESS OR INDUSTRY	Briddleburo, V		12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAM	-			14. MOTHER'S MAIDEN NA		0.0
		Leonard A.			Agnes Lar		
	s, no or unknown	Ever in U. S. Armed I (If yes, give wor or de		SECURITY NO.	17. INFORMANT		ADDRESS
	YES	WW II			Louis C. DeWitt	t, 5264 Darl	eigh Road, 2120
	injury or com	asthenia, etc. II mean plication which cause ANTECEDENT CAUS	ed death.) ES	DUE TO	erant coronary sucrejarters	cherosis	10 years
NOI	DISEASES OF TISE TO THE UNDERLYING	ANTECEDENT CAUS OR CONDITIONS, if obove couse (AG CONDITION lost.	ed death.) ES any, giving ) stating the	(C)	suary arterios.		10 years
TIFICATION	DISEASES COMISE TO THE DISEASE OR DISEASE OR DISEASE OR	ANTECEDENT CAUS OR CONDITIONS, if o obove couse (AG CONDITION lost.  FICANT CONDITIONS EATH BUT NOT RECONDITION CAUSING	ed death.) ES any, giving ) stating the CONTRIBUTIN LATED TO T	OUE TO		lo) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
AL CERTIFIC	DISEASES OF TISE TO THE UNDERLYING  OTHER SIGNITO THE DISEASE OR  19A. DATE OF  21A. ACCIDEN OR CONTRIBU	ANTECEDENT CAUS OR CONDITIONS, if o obove couse (AG CONDITION lost.  FICANT CONDITIONS EATH BUT NOT RECONDITION CAUSING	CONTRIBUTIN LATED TO TO SITE ON THE CONTRIBUTION FOR ERFORMED	OUE TO  (C)  (G)  (HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., i me, form, foctory, street, o		lo) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
DICAL CERTIFIC	DISEASES OF TISE TO THE UNDERLYING  OTHER SIGNITO THE DISEASE OR  19A. DATE OF  21A. ACCIDEN OR CONTRIBU	ANTECEDENT CAUS OR CONDITIONS, if obove couse (A CONDITION IOST.  FICANT CONDITION SEATH BUT NOT RECONDITION CAUSING OPERATION 198. COWAS P	CONTRIBUTION LATED TO TO SIT.  DIT.  21 ho etc	OUE TO  (C)  (G)  (HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., i me, form, foctory, street, o	n or obout 21C, WHERE DID ffice bidg., INJURY OCCUR?	No) 208, IF YES, WERE IN CERTIFYING CA	F FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFIC	DISEASES OF THE UNDERLYING  OTHER SIGNITO THE DISEASE OR THE DISEASE OR THE DESTRUCTION OF CONTRIBUTION OF THE UNDERLYING  21A. ACCIDEN OR CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF THE UNDERLYING OF THE UND	ANTECEDENT CAUS  OR CONDITIONS, if obove couse (A GONDITION ISS.  FICANT CONDITION ISS.  FICANT CONDITION SEATH BUT NOT RECONDITION CAUSING  OPERATION 198. COWAS P  NT WAS UNDERLYING  TIME CAUSE OF medical examiner  (Month) (Doy) (Year  that (I) (this hospital is saw the decean is from the couses so the course is the course in the couses in the course in the cours	CONTRIBUTION LATED TO TO SIT.  DIT.  21 ho etc  (Hour) 21 www.  wal) ottended sed alive on. coted obove.	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o c.,)  E. INJURY OCCURRED hile At Not While At Work the deceased from	20A. AUTOPSY? (Yes or Non or obout 21C, WHERE DID ffice bidg., NJURY OCCUR?  21F. HOW DID IN 19 ond twiew the body ofter death of the body of the death of the body of the death of the body of the bo	O) 208. IF YES, WERE IN CERTIFYING C.  (If in Boltimo  IJURY OCCUR?  19 3 to	E FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  THE City, give exact location)  19 Spinion death occurred on the control of the contr
MEDICAL CERTIFIC	DISEASES OF THE DISEASE OF THE DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour one 23A, SIGNATU 23C. PHYSICIA NAME (T.)	ANTECEDENT CAUS  OR CONDITIONS, if o obove couse (A o obove couse (A o obove couse)  FICANT CONDITION lost.  FICANT CONDITION SEATH BUT NOT RECONDITION CAUSING  OPERATION 198. COWAS P  WAS UNDERLYING (Month) (Doy) (Year of the total of the couses since the couses since the couse of the couses since the couse of the couses since the couse of the couses since the couses since the couses since the couse of the couses since the couse of the cous	CONTRIBUTING CONTRIBUTION LATED TO TO SIT.  CONTRIBUTION LATED TO SIT.  CONTRIBUTION L	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o c.,)  E. INJURY OCCURRED hile At Not While At Work the deceased from	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN le ond twiew the body ofter deoth wiew the body ofter deoth of the body of the bo	O) 208, IF YES, WERE IN CERTIFYING CA	E FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  THE City, give exact location)  19 Spinion death occurred on the control of the contr

25A. DATE REC'D BY HEALTH DEPT. MAR 8 1965

VS 150-REV. 1/1/65

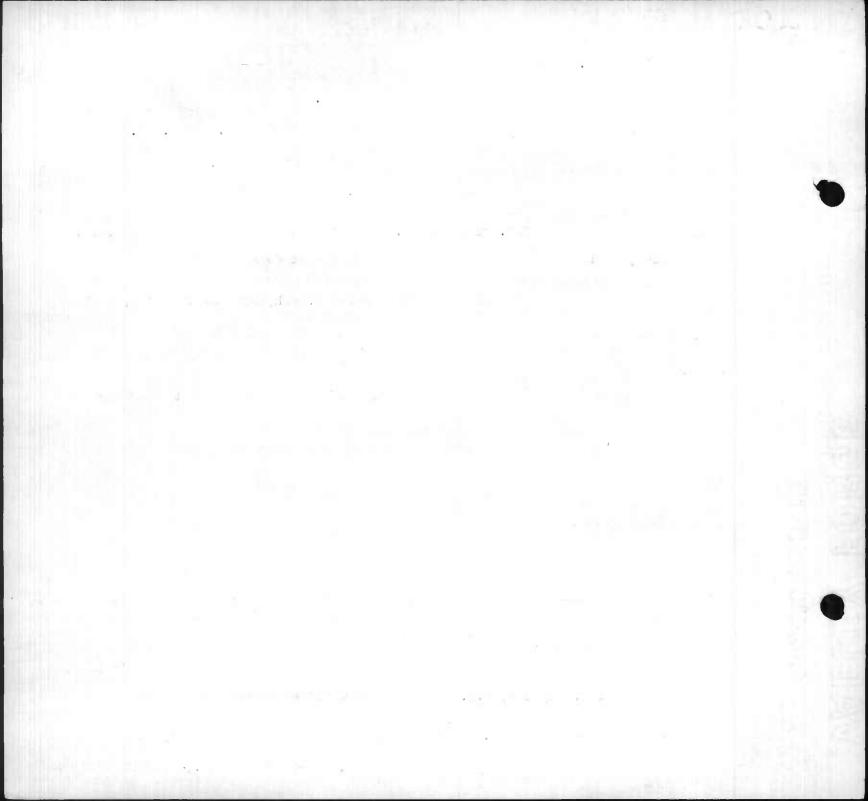
Woodlawn, Maryland

25C. FUNERAL DIRECTOR
Wm. Cook-Towson, Inc., 1050 York Road, 21204



	5	01/
1.	a	010
	ath	the
	- p	S
	ita Sec	9 =
	Sp (s	900
	house Use	P
	0 0 0	100
	in Bu	10
	ed	- 0
-	ibu	500
	ntr	egi
	h co	700
	or	- B
	5 + 5	90
just 1	- 5 4	-
Z	d di	on the
FUNERAL DIRECTOR: IMPORTANT	he	900
S	11 1	00
P	is ,	Pud
\$	Also of	111
-	o -	0 1 0
8	ner	904
7	fre	0 0
C	A	3 -
~	- 6 m	E.E.
0	lico cal	SB
AL	adi	y w
~	TE >	40
Z	hie	he sic
5	by C	thy or
-	# - C	000
	by pit	325
	Pos atu	\$ 0 E
_	0 0	Pu
	th th	900
	to to	P 2 2
	Po to	pit ta
	ust de	de
	E e e	40
	ate 15 r	to io
	We	A
	£#S	000
	ce bo	D e
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained hefore the remaint are emplaned or final disposition is made.
	+ + 8	303

	65	2461		BALTIMORE CIT	Y HEALTH DEPARTMENT		65 2461
	H NO.	7 6401		CERTIFICA	TE OF DEATH	Registered No	. 65 2461
1, N	AME OF DEC					AND HOUR OF DEAT	тн
(Тур	e or Print)	illiam K. DAS	H		3	3-4-65	1 /2:00 No
3. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	here deceased lived. If	
F	ULL NAME O	F (If not in haspital	or institution	ave shoot	Md.		16-34
H	HOSPITAL OR	address or location		give shoot	C. CITY OR TOWN (II	autside city limits, writ	te RURAL and give fawnship)
^		1032 Quantri	1 Way		1032 Quantri		
1					D. STREET ADDRESS	If rural, give lacetian)	
					1032 Quantr	il Way.	
5. S	Male	6. RACE White	WIDOWE	D. DIVORCED (specify)	Feb. 1, 1908	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Manths Days Haurs Mir
IOA.	USUAL OCCI	UPATION (Give kind of work working life, even if refired)	108, KIND O	F BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Yeast Wo		Fed.	Yeast Corpt.	Maryland		U.S.A.
	FATHER'S NAM	M E			14. MOTHER'S MAIDEN N	AME	0.0.11.
	Her	nry Dash			Margaret Co	ok	
15. V	Was Deceased	Ever in U. S. Armod For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yos.	no ar unknawn	(If yos, give war ar date	s of service)	213-09-2537		1032 Quantr	il Way, Baltimore
						1002 Quanti	
	1B. 4	0,1		CAUSE	OF DEATH	0.0	ONSET AND DEATH
		SE OR CONDITION DIE	RECTLY		0 -1-10.	4/	/ / -
		LEADING TO DEATH		(A)	Elelo ( asp.	Million HA	HALLA LACK
		at meon the made af				a contraction	W My South V
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)						
			dediii./		194/12 Landal	26 NIA (-	11-1110000
	ANTECEDENT CAUSES				NU WWW FCX	AN CAC	V CHURCH C
	DISEASES OR CONDITIONS, if any, giving						
	rise to the abave cause (A) stoting the (C) UNDERLYING CONDITION last.			9900 8 A 6 A 6 6 6 6 6 6 8 8 8 8 8 8 8 8 8 8			
	UNDERLYING CONDITION last,						
z	CTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
4	DISEASE OR	CONDITION CAUSING I	Т.		100		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				20 A. AUTOPSY? (Yes or	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ERT	TIA ACCION	IT WAS HAD FROM WILL TO	1 1000	NACT OF THE PARTY			
	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	hon	ne, larm, factory, street, o	in ar about 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Baltim	nare City, give exact lacotion)
U	DEATH (notify	medical oxaminer)	etc.	,)			
440	21 D. TIME OF INJURY	(Manth) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	(APPROX)			nile At Not Whi	le 📉		
			Wo			1.5	
	22. I certify	that (I) (this haspital	) ottended t	he deceased from	11/2	1964 to	3/4 1965
	that (1) (was lost sow the deceased alive on 3/3 1965 and that In(my) (our) opinion death occurred on the dat						
	ond hour and from the couses stated above. (I) (4) (did) (did not) view the body ofter death.						
	23A. SIGNATU		A	, , , , , , , , , , , , , , , , , , , ,	ino body offer deom	•	238, DATE SIGNED
		711911	04.00		ending Med.	Staff	2/1/-
	000 01	1000	velle	7 Ph	ys. Director	Phys.	5/6/65
	NAME (T		evens,	M.D. M.D.	3400 Erdmen A	venue, Balt	imore
24A	BURIAL CREA	MATION, 248. DATE		AME of CEMETERY of CE			
C TO PAGE	REMOVAL IS	Specify)					(City, town, or county) (State
	BURIAL	3-6-65	Mt	. Carmel Ceme	tery	Baltimore,Ma	ryland
25A.	. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	M	AR 8 1965 (	R. D. Fr	E. Jakey M.A.	Wm.Cook-Hami	lton, Inc.,	6009 Harford Road
/5 1	150-REV. 1/1/6	5		72			



		CITY HEALTH DEPARTMENT
	H NO. 65 2462 CERTIFIC	CATE OF DEATH Registered No. 65 2462
1. N / (Type	case NO.  AME OF DECEASED  OF PRINTIP ROBERT HENRY REISHELL	2. DATE AND HOUR OF DEATH  3/5/65   12:4/5
FI	ULL NAME OF (If not in hospitot or institution, give street OSPITAL OR oddress or location)	4. USUAL RESIDENCE (Where doceosed lived, If institution: residence before oder A. STATE 8. COUNTY  MARY AND C. CITY OR TOWN (If outside city limits, write RURAL and give township)
N. S.	Union memorial Hospital	C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimere 21212  D. STREET ADDRESS (If rurel, give location)
	Battimore, md.	800 Regester AVE
1	MALE CAUCASIAN WIDOWED, DIVORCED (specify	12-18-13 51
done	USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU- during most of working life, even if retired)  ASST. Compt  EASTERN Products	Long Island, N. Y. WHAT COUNTRY?
13. F	BLAINE REIShell	MAGE/ Wright
(Yes,	Vos Deceosed Ever in U. S. Armed Forces?  no or unknown) (If yos, give wor or dotes of service)  Yes	17. INFORMANT ADDRESS AFOSALTAD REVERSAL
		SE OF DEATH INTERVAL BETWEE ONSET AND DEA
	DISEASES OR CONDITIONS, if ony, giving	ECENT OCCLOSION OF GANT PRESENTING GORONARY ARTERY DISPOSE SEVENTE
NOIL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GARDSING IT.	
CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY ( home, form, foctory, streetc.)	e.g., in or obout 21 C. WHERE DID (II in Boltimore City, give exect lecotion) of, office bldg., INJURY OCCUR?
2	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not Work At	While Work
	22. I certify that (I) (this hospital) attended the deceased fram. that (I) (we) lost sow the deceased alive on MARCL.	nierch / 1965 to Merch 5 196  1965 ond that In(my) (our) opinion deoth occurred on the
1 .	ond hour and from the couses stated above. (1) (We) (did) (did n 23A, NGNATURE	ot) view the body ofter deoth.  23B. DATE SIGNED
	Daird Mac Millan M.D.	Attending Med. Stoff Phys. 3/5/65
	23C. PHYSICIAN'S NAME (Type) DAVID MAC MILEAN	23D. ADDRESS M.D.
24A.	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, or county) (5
	Burial 3-8-65 Parkwood Ceme	tery Parkville, Balto. Co., Md.
25A.	MAR 8 1965 PLEASE RECEIPTAGE MAR 8 1965 PLEASE RECEIPTAGE MAI	Brooks Funeral Service, Towson, Md. 21204
L	MAR 0 1303 (1500-150-150-150-150-150-150-150-150-150	Total Landing College (10000001,114, 2120



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY HEALTH DEPARTMENT	
th No. 65 2463 e. case No.	CERTIFICATE OF DEATH Registered No. 65	2463
De or Printle Crolock Elsi-	2. DATE AND HOUR OF DEATH  3/6/65	330 PM
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: resi	dence before admission)

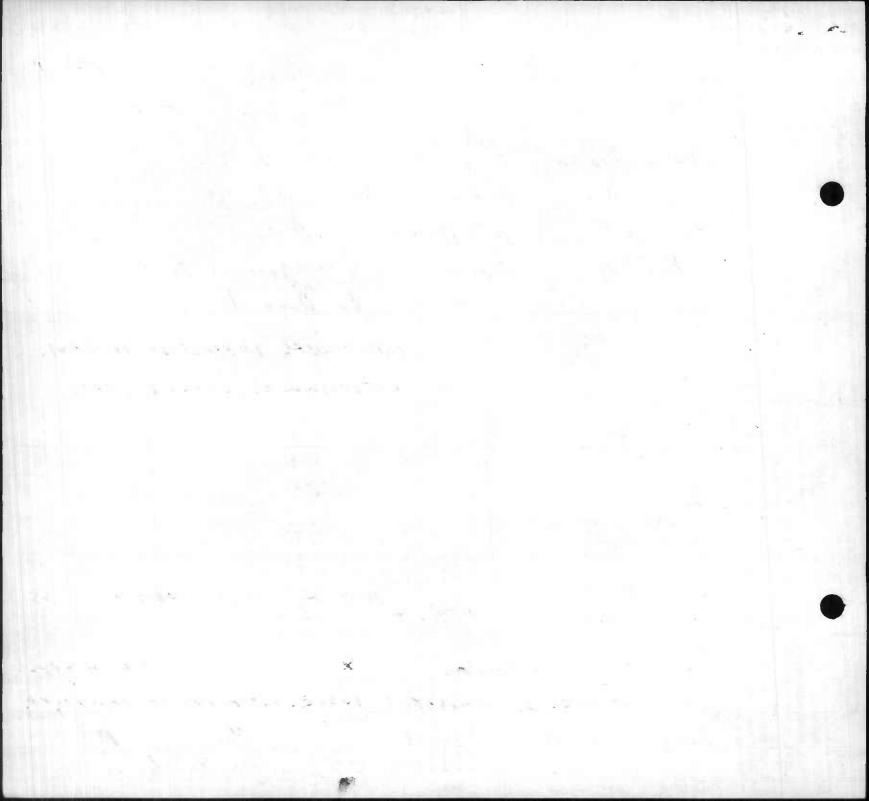
BIRTH NO. 65 2463	CERTIFICA	TE OF DEATH	Registered No.	5 2463	
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	elei.	1	OUR OF DEATH	. 330 D	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	(1)14	4. USUAL RESIDENCE (Where de	6 6 5	M.	
		A. STATE B. COUNTY	0 11	All losidence belone outlession	
FULL NAME OF (II not in hospital or institution HOSPITAL OR oddress or location)	on, give street	C. CITY OR TOWN (If outside	1	more	
Mercy Hospita		0 11	city limits, write RURAL	The second secon	
1116HA 1402 his			give locotion)	JII 21204	
	All Santan	533	Park C	lue	
	ED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH 3 25 1894 10st	GE (In years of Mar birthday) 65 Mar	Jnder 1 Yr. If Under 24 Hrs. Hours Min.	
10A, USUAL OCCUPATION (Give kind of work 10 B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	0		CITIZEN OF WHAT COUNTRY?	
Housewife		Baltimore	Mod	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1		
HEHRY FEEL		Mlumie	Freedembu	179	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
(Yes, no or unknown) (If yes, give wor or dales of service	SECURITY NO.	Hospital Records			
18. // 2 /	CAUSE O			INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY	$\wedge$			ONSET AND DEATH	
LEADING TO DEATH	(A)	)ronchiogenic	Corcinoma		
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disea					
injury at complication which coused death.)				- T	
ANTECEDENT CAUSES	DUE TO	AA+H			
DISEASES OR CONDITIONS, il ony, giv	ing Ihe (C)	***************************************			
UNDERLYING CONDITION lost.	(0)	200 m w A C M C C C C C C C C C C C C C C C C C		BB 0 000 00 00 0 0 Bbc0 00 0 00 Vc00 0 0 0 0 0 0 0 0 0 0 0 0	
_ 11					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
DISEASE OR CONDITION CAUSING IT.		[20 A. AUTOPSY? (Yes or No)] 20	A IE VEC WERE FINDI	NGS CONSIDERED	
198. CONDITION FOR WAS PERFORMED	OK WHICH OFERALION	No	CERTIFYING CAUSES	OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore City	, give exact location)	
	21E. INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?		
(APPROX)	While At Not While Work At Work	e			
22. I certify that (I) (this hospital) attende			-5 to 3	16 1965.	
that (1) (we) lost saw the deceased alive of			-6		
that (1) (we) 19st saw the deceased alive on					
23A. SIGNATURE	A (17(110) (GIG) (GIG IIGI)	new me body offer death.	23 B.	DATE SIGNED	
Marie X XIV	M.D. Att	ending Med. Stof		3/1/5	
23C. PHYSICIAN'S	Co-co Phy	s. Director Phy 23 D. ADDRESS	5. []	2/6/62.	
23C. PHYSICIAN'S NAME (Type)	L M.D.	Mar	Harris	+1	
24A. BURIAL CREMATION, 24B. DATE 24G	NAME of CEMETERY OF CR	EMATORY 24D. LOCA	TIÓN (Cik in	wn, or county) (State)	
REMOVAL (Specify)	Parkwood Cemeter				
	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	ville,Balto.	ADDRESS	
MAR 8 1965 R.C.	& E. Farkey M.A.	Brooks Funeral	Service. Tow.		
V\$ 150-REV. 1/1/65			-, -0	,	

ibyesus farigues as

and the second second second second

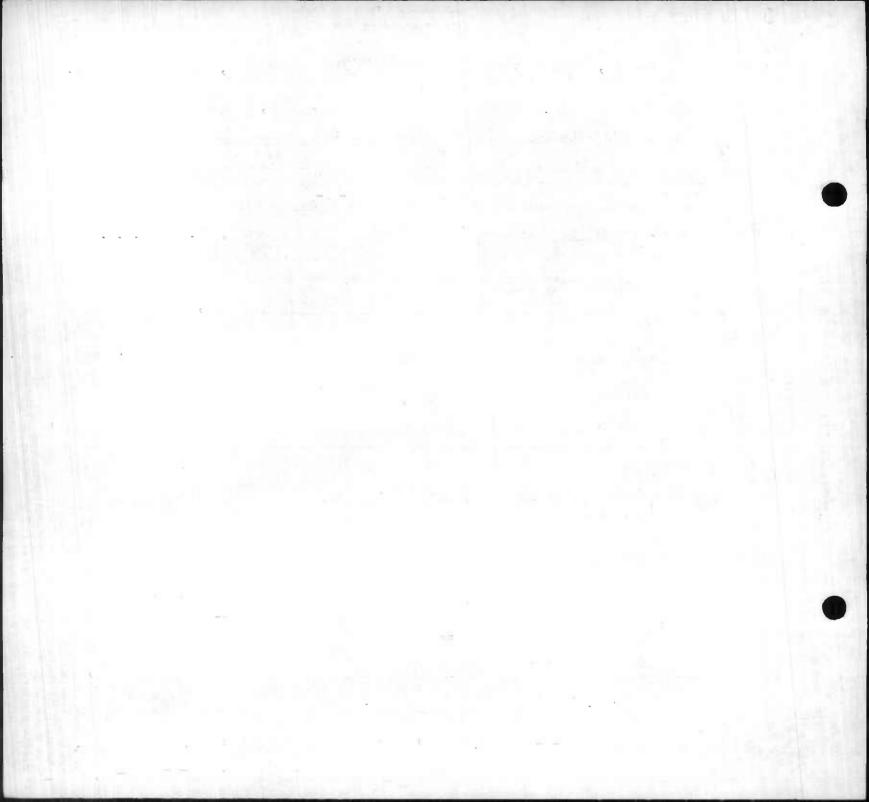
			BALTIMORE CITY	HEALTH DEPARTMENT		
	н но. 65 24	64	CERTIFICA	TE OF DEATH	Registered No.	65 2464
1. N	AME OF DECEASED	1	7	2. DATE AN	D HOUR OF DEATH	
	HNN	MORE MARYLAND	Dwyen	MARI	7	700 PM
J. 1	TACE OF DEATH IN BALL	MORE, MARILAND		A. STATE B. COUN		otion: residence before odmission)
- 1	FULL NAME OF (If not oddres	in hospital or institut s or location)	ion, give street	C. CITY OR TOWN (If out	2	1-01
- 1	NSTITUTION			Ballo	side city limits, write RUR.	AL and give township)
4	01 10		10	D. STREET ADDRESS (If	rural, give location)	
	UNION Men	ORINC	Mospila	1535 E	Cold 3	Spring LANE
5. S	EX 6. RACE	7. MARI	RIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In years In Market	Under 1 %. If Under 24 Hrs. onths; Days Hours Min.
	+ W	)	hidoned	HPRIL 12, 1887	77	
	. USUAL OCCUPATION (Give a dyfigg most of working life_ay		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	2. CITIZEN OF WHAT COUNTRY?
	House wit		AT Home	Md		USA
13.	FATHER'S NAME		P	14. MOTHER'S MAIDEN NAM	ME -	
	DANKAR		DARR	GeoRGAN.	Me Goo	TARM
5. Ye:	Was Deceased Ever in U. S. s, no or unknown) (If yes, give	Armed Forces? wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS //
	Ne			Ma Dryen	JR 3001	Willoughby Ad
	18. 4-20,11		CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONT		AAV	OCARDIAL I	A GARITIAN	INSTANT
	(This does not mean the	made of dying,	e.g., DUE TO		N PANCI JUN	110 1/ 1/10/
	heart failure, asthenia, etc injury or camplication wh			TD = 1.86 / 10 = 1		V
	ANTECEDEN	T CAUSES	(B) AX	TERIOSCLERO	ILC VASC, D	, YEARS
	DISEASES OR CONDITI		ving			
	use to the above c		The (C)			
	11					
ATION	OTHER SIGNIFICANT CON	DITIONS CONTRIBE	JTING THE			
	DISEASE OR CONDITION	CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IE VEC WEBE EINIE	DINCS CONSIDERED
ERTIFIC	O OF CHARION	WAS PERFORMED	OK WINCH OFERATION	ava. Adjorsi: (les di ito	IN CERTIFYING CAUSE	S OF DEATH?
CER	21 A. ACCIDENT WAS UNE	DERLYING	218. PLACE OF INJURY (e.g., in		(If in Boltimore Ci	ty, give exact location)
CAL	OR CONTRIBUTING CAU	niner)	home, form, foctory, street, of	ice plag., INJUKT OCCUR?		
MEDIC	21 D. TIME (Month) (D	oy) (Yeoi) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ξ	(APPROX.)		While At Not While At Work			
	22. I certify that (I) (thi	s hospital) attend		IVLY 2 1	9 63 to FA	B4 1065
	that (1) (we) lost saw th			4		n deoth accurred on the date
			re. (I) (We) (did) (did not) v		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	23A. SIGNATURE				23	B. DATE SIGNED
	1-	0000	M.D. Atte	Med. Director	Stoff Phys.	MARCH 4,1963
	23 C. PHYSICIAN'S NAME (Type)	THE WAY		3D. ADDRESS		
	SAN	VEL TO	O'M ANSKY M.D.	1401 ECOLA	SPRING LA	BALTO 12 MD.
24 <i>A</i>	BURIAL CREMATION, 248 REMOVAL (Specify)	DATE 24	C. NAME of CEMETERY OF CRE			lown, or county) (State)
1	BURIAL 3/	16/1965	PARKWOOD		Balto	Md
25A	DATE REC'D BY HEALTH	DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	12 C	ADDRESS
	MAR 8	1965 Pile	M. E. Jansey	C. F. EVANS Y	Jon 2802 Hm	atond Rd

VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

				BALTIMORE CIT	Y HEALTI	H DEPARTMENT		
BIRTH N	NO. 6	5 24	65	CERTIFICA	TE C	F DEATH	Registered Na.	65 2465
1. NAAA	F OF DECE	ASED	C	A 444 A	thali	2. DATE AN	D HOUR OF DEATH	
2 81 4 4	Sh	eehan,	Dister Hng	ela (Margaret A	XXXXX	AL RESIDENCE (When	ch 5, 1965	11.28 M
3. PLAC	CE OF DEA	IH IN BALIA	NOKE MAKILAND		A. STAT	E 8. COUN	TY	institution: residence before odmission
HOSE	NAME OF		n hospitol ar institut or location)	ion, give street	c. CITY	Baltimore, OR TOWN (11 301)	Maryland side city limits, write	RURAL and give lownship)
1	Villa	Saint	Michhel			4000 Fores	t Hill Road	
					D. STRE	2/20		
5. SEX	male	6.RACE White	WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)			ost birthdoy)  84	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
				D OF BUSINESS OR INDUSTR				12. CITIZEN OF WHAT COUNTRY?
done du		l work	chi.	ldren's institu	tions	Florism	ent Ma	U.S.A.
13. FAT	HER'S NAM				14. MO	THER'S MAIDEN NAM	A E	u.o.n.
	John				(	Julia Lorra	ine	
Yes, no	or unknown)		Armed Forces? wor or dotes of serv	1 6. SOCIAL SECURITY NO.		RMANT		ADDRESS
/	Vo		no	none		Sister Mary	Louise, Su	perior same as a
18.	420	1/1		CAUSE	DE DEATI	1	100	INTERVAL BETWEEN ONSET AND DEATH
			ITION DIRECTLY					
tTb.		LEADING TO	made al dying,	(A) C	orona	ry occlusion	P	l_day
he	art failure,	asthenia, etc.	It means the dise	ase,				
inti	injury at camplication which caused death.)			generalized arteriosclerosis		10 years		
	Д	NTECEDENT	CAUSES	DUE TO				
			DNS, if any, gi use (A) slaling					1000
		CONDITION		16/		0.000000000000000000000000000000000000	970 47/4044 00= 000 050 000 00 50 <b>60</b> 60	
			DITIONS CONTRIBL					
A DI	SEASE OR	CONDITION	AUSING IT.		124			
ERTIFIC	A. DATE OF	OPERATION	198. CONDITION F WAS PERFORMED	FOR WHICH OPERATION	20 A.	AUTOPSY? (Yes or No.		FINDINGS CONSIDERED AUSES OF DEATH?
OR	CONTRIBU	TWAS UND	SE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obou olfice bldg.	121C. WHERE DID INJURY OCCUR?	(If in Boltima	re City, give exoct locotion)
	D. TIME	(Month) (Do	y) (Yeor) (Hour)	21 E. INJURY OCCURRED		21F. HOW DID INJ	JRY OCCUR?	
> 1	PPROX.)			White At Not Wh				
22	1	L-4 (1) (4L14					0 F F - M	1 5 30 65
				Manab 3			4 5.5 to 14G	rch.519.65
							of in (m-y-) (our) or	olniun death accurred on the de
			uses stated abov	re. (1) (We) (did) (did not)	view the	body after death.		
23A	SIGNATU	BINIA	20100	/ - up A	ending &	d' Med.	11012	23B. DATE SIGNED
	Oa	HELL	alal	A GL M.D. At	tending 2	Oirector	Stoff Phy s.	March 4, 1965
23 C	NAME (Ty	Pe)			23D. ADI	ORESS 1	day \	/
			. Alagia I	M.D.	00	16 flet	MELLIXI	THE
	URIAL CREA		DATE 24	C. NAME of CEMETERY OF CI	EMATORY	240. LC	CATION (	City, town, or county) (State)
KE	buria:		mala d	0. 7		70		3/2
25A. D		BY HEALTH C	DEPT.  258. NA	ME OF REGISTRAL	25C.	FUNERAL DIRECTOR	mitchinn,	ADDRESS
	N	IAR 8	1965 120	of E staller H.M.	n st		enCo. 108-"	Worth Are
	9.6		INAA AMANA	A TO THE REAL PROPERTY AND A SECOND ASSESSMENT AND A SECOND ASSESSMENT AS A SECOND AS A SE	-			7 4



6.0	C400	BALTIMORE CITY H	EALTH DEPARTMENT		6.
ITH NO.	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	Registered No.
E CASE NO.					

M.E CASE NO.	74120	ICAL EXPANSION VERO C			
1. NAME OF DE	CEASED		2. DATE ANI	HOUR PRONOUNCED	DEAD
(Type or Print)	JOHN WI	SNIESKI (Wendt)	March	4, 1965	7:45 a M
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institu	tion: residence before odmission)
			Maryland	B. COUN	11
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN (If outside	corporate limits, write F	(URAL and give township)
INSTITUTION			Baltimor	e	-03
			D. STREET ADDRESS (If rurol,	give location)	
Chur	ch Home & Hos	spital	2000 Fleet	St.	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
male	white	Married (specify)	6/21/1907	5.7	77.00.00.00
IOA. USUAL OCC	UPATION (Give kind of wor	KIOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF
	working life, even if retired)	Tavern	Michigan		WHAT COUNTRY?
Tavern	OMITO I.	Tavorn	14. MOTHER'S MAIDEN NAMI		0 6 10 6 110
Tananla	We and amaled		Michalina	?	
15. WAS DECEASI	Wisniewski		17. INFORMANT		ADDRESS
	n) (If yes, give wor or dote				
yes	WWII	216 09 4697	Anna Wisniew	ski 2000 F	leet
18.40	211	CAUSE	OF DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY	analamatia aawdi	orragoular di	
(This does	LEADING TO DEATH	dving e.g., DIE TO	osclerotic cardi	ovascular di	sease
heart failure	e, osthenio, etc. It means	s the disease,			
	OR CONDITIONS, IF A	(B)		**********************	
RISE TO TH	HE ABOVE CAUSE (A) S	TATING THE			
	NG CONDITION LAST.	(C)			
<u> </u>	11				
OTHER SIG	SNIFICANT CONDITIONS				
DISEASE O	DEATH BUT NOT RE				
OTHER SIGNOTORY OF THE DISEASE OF TH		NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		
00	WAS PER	REORMED	No	IN CERTIFYING CAUSE	S OF DEATH!
UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	If in Boltimore City, give	exact location)
E 21 D TIME	(Month) (Doy) (Yea	or) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
OF INJURY	tivionini (Boy) treo			KI OGGOKI	
m. WORK L AT WORK L					
22.	rtify that I held an I	Inquiry Inspection X Au	ropsy and that on thi	s bosis, deoth in my	oplnion
resu	Ited from Natural Co	uses X Accident Spicid	e Homicide	Indetermined manner	
	1-11	751 ()	CHIEF MEDICAL EX	AMINER	
ACTUA		1111111	ASSISTANT MEDICAL EX		DATE SIGNED
SIGNAT	11 /	ar comp	ASSOCIATE MEDICAL EX	process.	3-4-65
	(Type) Rudiger				
23A- BURIAL CRE		23C. NAME OF CEMETERY	er CREMATORY 23D. L	OCATION (City, t	own, or county) (State)
Burial	- 1- 1	965 Holy Rosary	Cemetery	undalk Md	
	BY HEALTH DEPT.	24R NAME OF REGISTRAR	24C, FUNERAL DIRECTOR	WINGTE MU	ADDRESS
	MAR 8 1965	Robert E. Farkey M.D	John M Weber	c & Sons 40	OI S
VS 151-REV. 1/1,					hastaR (T

		0.300	BALTIMORE CITY	HEALTH DEPARTMENT		CE DAOIN
	111 110.	2467	CERTIFICA	TE OF DEATH	Registered Na	65 2467
1. N	E CASE NO.	ARI F	MEYERS	2. DATE AN	3-4-65	10.0
3.	PLACE OF DEATH IN	BALTIMORE, MARYLA	ND ND	4. USUAL RESIDENCE (When		titution: residence before admission)
		If not in hospital or ins	tilution, give street	MATYLAN	D	
	NSTITUTION	odicas of rocement		C. CITY OR TOWN (If out	side city limits, write R	JRAL and give township)
/	MONTO	bello STA	Te HOSPITAL	D. STREET ADDRESS (IF	rurol, give location)	13-00
5. 5		-	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	AVE 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	H	V "	IDOWED, DIVORCED (specify)	1-17-1910	SS birthdoy)	Months Doys Hours Min.
	during most of working li		AP Making Co	BAITA	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME	A.		14, MOTHER'S MAIDEN NAM	AE .	
	Harry	м. п	evers	MATY	DAR	MAH
(Ye	Was Decoosed Ever in sono or unknown) (If yes	give wor or dotes of	Service) 16. SOCIAL SECURITY NO.	MONTELE	110 STAT	Te Hospital
	18. 332	T	CAUSE O	A	.,,	INTERVAL BETWEEN ONSET AND DEATH
		CONDITION DIRECTING TO DEATH	Q:	1. + auitale o	eleval arter	
	(This does not meo	n the mode of dyin		MA Indicade of	mental and	
	injury or complication	n which coused deol	h.)	Limennage		
		DENT CAUSES	DUE TO			
	rise to the abov	e couse (A) sloli		**************************************		PO
	ONDERESTING CONT	II				
ION	TO THE DEATH	CONDITIONS CONT	RIBUTING TO THE			
CAT	19A. DATE OF OPERA	ION 198. CONDITIO	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FI	NDINGS CONSIDERED
ERTIFIC	2	WAS PERFORM		des .		
CALC	21 A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medicol	CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 . WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
MEDI	21 D. TIME (Month	(Doy) (Yeor) (Ho		21F. HOW DID INJU	URY OCCUR?	
<	(APPROX)		While At Work Not While At Work			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ended the deceased from		965 to	
			ve on		at in (my) (aut) apin	lan death accurred an the date
	23A. SIGNATURE	10 000303 310100 0	20 vo. (1) (110) (010) (010 1101) (	new the body offer death.		23B, DATE SIGNED
		all the	Zam M. D. Att	ending Med.  S. Director	Stoff Phys.	3-4-65
	23C. PHYSICIAN'S NAME (Type)	Onlands C	. Tames M.D.	23D. ADDRESS	S. Holt	al.
244	BURIAL CREMATION	1, 24B. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (City	, town, or county) (Stote)
	BURIAL	3/8/65	SI JOHN. L.	Yhern	TARKVI	He MX
254	MAR	1965	Cabe E , Janky M.A	25C. FUNERAL DIRECTOR	grus tom s	8802 HANTOON R
VS	150-REV. 1/1/65		The second secon			

Interest State Bayan S

14 W M

37142

414 " × 8805

TIAS TENNINGEN

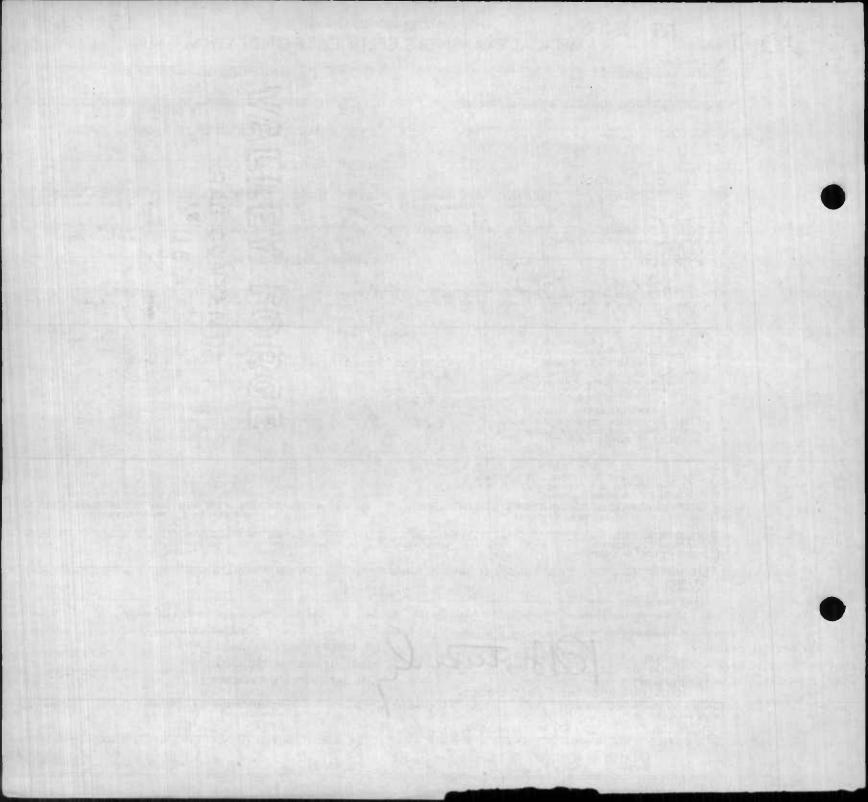
The state of the s

La maria Avenda

6 × 42

X

	65 2468 BALTIMORE CITY HEA	70 700
2-777	BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No
	1. NAME OF DECEASED (Type or Print)  BEVERLY STOKES	March 3, 1965 9:30 a
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE  Maryland
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore
00	1016 Stirling St.	D. STREET ADDRESS (If rurol, give locotion) 1016 Stirling St.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) male colored	8. DATE OF BIRTH  9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months, Doys Hours, Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) If yes, give wor or dotes of service)  SECURITY NO.	Watter amos 1016 Sterling of
	18. 4 2 1 CAUS	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., DIE TO	iosclerotic cardiovascular disease
	heort tollure, ostherio, etc. It means the disease, injury or complication which coused death.)	
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	Z (C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	✓ 21A, EXTERNAL CAUSE WAS       21B, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)         ☐ UTING ☐ CAUSE OF DEATH.       etc.)	, in or obout 21C. WHERE DID (If in Boltimore City, give exect location) office bldg., INJURY OCCUR?
		21F, HOW DID INJURY OCCUR?
	22. I certify that I held an Inquiry Inspection X A	utopsy ond that on this basis, death in my opinion
	resulted from: Notural couses X Accident Suici	CHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE EXAMINER'S NAME (Type) Rudiger Breitenecker	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 3-3-65
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	are Proceedings (City, town, or county) (State)
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
	MAR 8 1965 Robert E. Farley M. A. VS 151-REV. 1/1/65	Treff D: docks Je 1304 V. Omento.

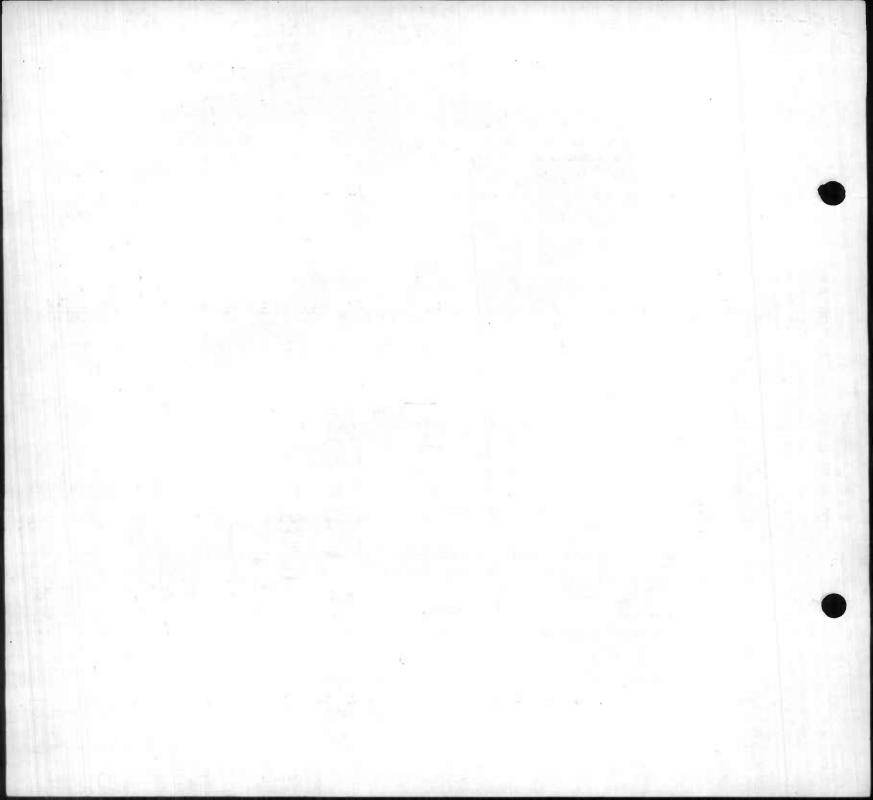


VS 150-REV. 1/1/65

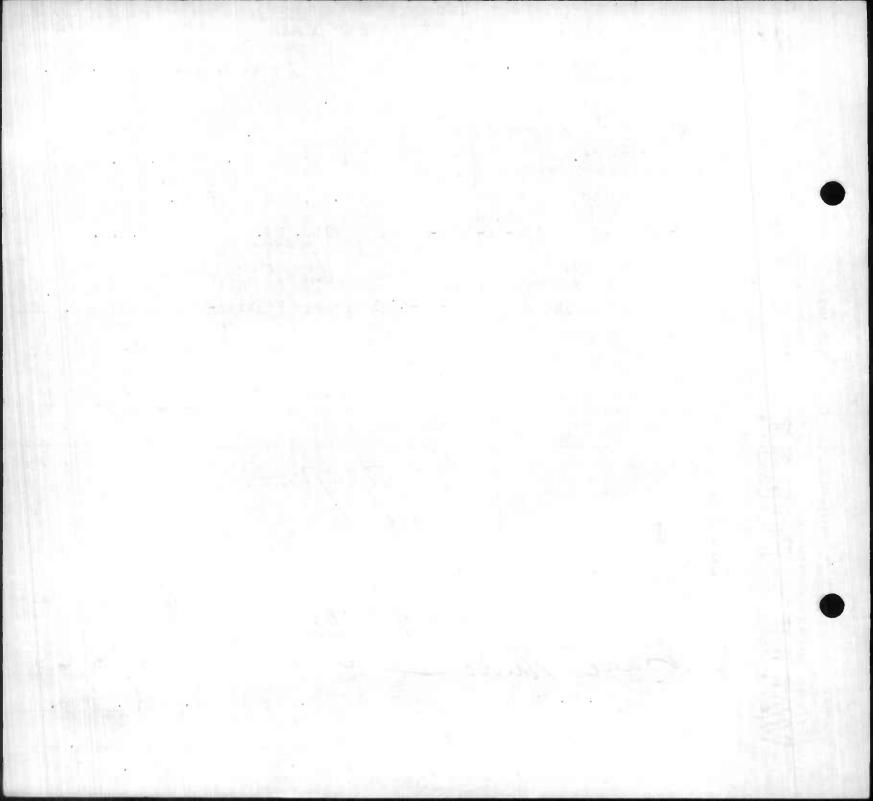
AT BOK PAN COURSE The St. St. St. Sugar sound the Daniel Minnou Verner Some sugar Transport whomten art ordered and assumber from sec alaton divident after policy 2 now May them of program

-	7	_	0	0	=	
	n.	9	20	÷	20	
	_	0	90	_	S	
	10	-	90	0	j	
	d	0	0	Ce	at	
	10	20	3	un	P	
	-	0	6;	ğ	0	
	_	Ū	OS	tel	-	3
	.=	9	00	at	0	
		=	D	-	d	0
	2:	٥	Ĕ	Ę	0	0
	00	1	E	6	Ise	E
	0	0	ter	7	9	-
	+	L	de	=	Jec	0
	Je.	0	2	35	-	sit
	+	30	=	3	he	0
-	+:	1	2	٦	-	is.
2	an	0	p	to	0	=
=	ist.	he	Ē	de	Ce	n n
8	355	-	7	0	an	7
4	. 5	-	0	ce	pu	0
2	=	20	of	5	te	PP
-	0	4	16	9	0	E
FUNERAL DIRECTOR: IMPORTANT	9	to the hospital by a medical examiner. Also, it the direct or contributing cause of death	2	20	L	pq
Ö	.E.	ne	0	0	3	E
H	E.	E	+	ho	60	0
E	X	DX	A	3	۵	31.6
2	=	0	3	=	Ξ.	15
	50	D	15;	Ci.o	SID	. E
-	Pe:	5	77	Si	3	E
2	E	u e	م	h	20	T.
Ш	ef		dy	0	-5	he
Z	chi	0	80	+	YS	-
교	0 .	ô	6	0	Ph	0
	+	0		le	0	e
	by	p t	T.e	3	Z	9
	D	50	T to	+	9	ne
	×.	4	E	93	P	9
	D.	P P	n/	X	0	<b>b</b>
	D	0	0	<u> </u>		0
		7	0	10	부	4
	4	Sec	in.	p	9	US
	0.5	80	de	105	9	E
	E.	0	00	-	10	al
	He	18	9	+	io	0
	100	3	Ā	1	p	b
	+1.4	7	$\Xi$	2.0	P	0
	e	00	S	0	356	9
	5	0	3	S	66	#
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
		-	4.	-	_	-

	- 0. 1100C		BALTIMORE CIT	Y HEALTH DEPARTMENT		00
BIRTH NO. 6	5 2470		CERTIFICA	ATE OF DEATH	Registered No	. 65 2470
I. NAME OF DE				2. DATE	AND HOUR OF DEAT	Н
(Type or Print)	Do	menico	Leone	Marc	h 4, 1965	1:17 A. M
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If	institution: residence before admission)
	" '' '				Baltimore	10 0+
HOSPITAL OR	OF (If not in hospital oddress or location		give street	12.00	outside city limits, writ	e RURAT and give township)
INSTITUTION	Baltimore (	City Hos	pitals	RURAL		4-3-00
i	4940 Easter	n Avenu	e	D. STREET ADDRESS	(If rurol, give location)	
	Baltimore,	Marylan	d, 21224	108 Baltimor	e Avenue 21	1222
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	White	Mar	o, DIVORCED (specify)	1-15-98	lost birthdoyl	
	UPATION (Give kind of world working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stote or f	oreign country)	12, CITIZEN OF WHAT COUNTRY?
Welder		S-	cel	Italy		
13. FATHERS NA	ME		reer	14. MOTHER'S MAIDEN	NAME	
Canillo	Toons			Manda	9	
	d Ever in U. S. Armed For		1 6. SOCIAL	Maria 17. INFORMANT	•	ADDRESS
(Yes, no or unknow	n) (If yes, give wor or dote	s of service)	SECURITY NO.	THE ORIVINATE		750,000
No				RECORDS: BCH	I: 4940 Easte	ern Avenue #21224
1B. 32	7. / 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY		4 - 3632-7 T		5 Minutes
Ortical data	LEADING TO DEATH	dutas as	(A) ACU	te Myocardial I	nrarceton	) Filmuces
	not mean the mode of , osthenio, etc. It means		DOE 10			
injuly of co	mplication which coused	deoth.)	Chr	onic Obstructiv	e Emphysema	(R) ? Years
	ANTECEDENT CAUSES		DUETO			
DISEASES	OR CONDITIONS, if	ony, giving	sid	ed Heart Failur	e.	
	he obove couse (A)	sloling the	(c) AST	hma Allergic Ba	.515	
ONDEREN	TO CONDITION 1031.					
OTHER SIGN	II  NIFICANT CONDITIONS CODEATH BUT NOT RELA	ATED TO TH				
DISEASE OF	CONDITION CAUSING		WHICH OPERATION	120A ALLEOBENZ (V	National and the same	RE FINDINGS CONSIDERED
TO THE DISEASE OF DISE	WAS PER		WHICH OFERATION	Yes	IN CERTIFYING C	CAUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g.	, in or about 21 C. WHERE DID office bldg., INJURY OCCUR	(If in Boltim	nore City, give exact location)
& DEATH (notif	y medical examiner	etc.		The brogg HAZOKI OCCOK		
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY			ile At Not W			
		Wo	rk			
	y that (1) (this haspita			bruary 21,	19 65 to Ma:	rch 4, 19.65
that (I) (we	) last saw the decease	ed alive an	March 4,	19 65 and	that in (my) (our) o	pinian death occurred an the dat
				view the bady after deat	h.	
23A. SIGNAT		0				23B. DATE SIGNED
	en	( new	LO M.D. A	ttending Med.	Stoff Phys.	March 4, 1965
23C. PHYSICI	ANS		P	23D. ADDRESS	rnys, Law	122012 49 2707
NAME	Type)	hant 0	200	The second second	Arrania Dalt.	Amore Marriand 1101
	Dr. C. Ro					imore, Maryland #24
24A. BURIAL CR REMOVAL		24C. N.	AME of CEMETERY or C	CREMATORY 24D	LOCATION	(City, town, or county) (Stote)
Burial	3/8/65	Ga	rdens of Fai	th	Baltimore	Co. Md.
25A. DATE REC'	D BY HEALTH DEPT.		A REGISTRAN	25C. FUNERAL DIREC		ADDRESS
N	MAR 8 1965 (	Robert	C. James	Ill Irich Bim	eral Home Du	mdalk. Md.
VS 150-REV. 1/1	HILL A ISS			(10)	1)	and the same of th

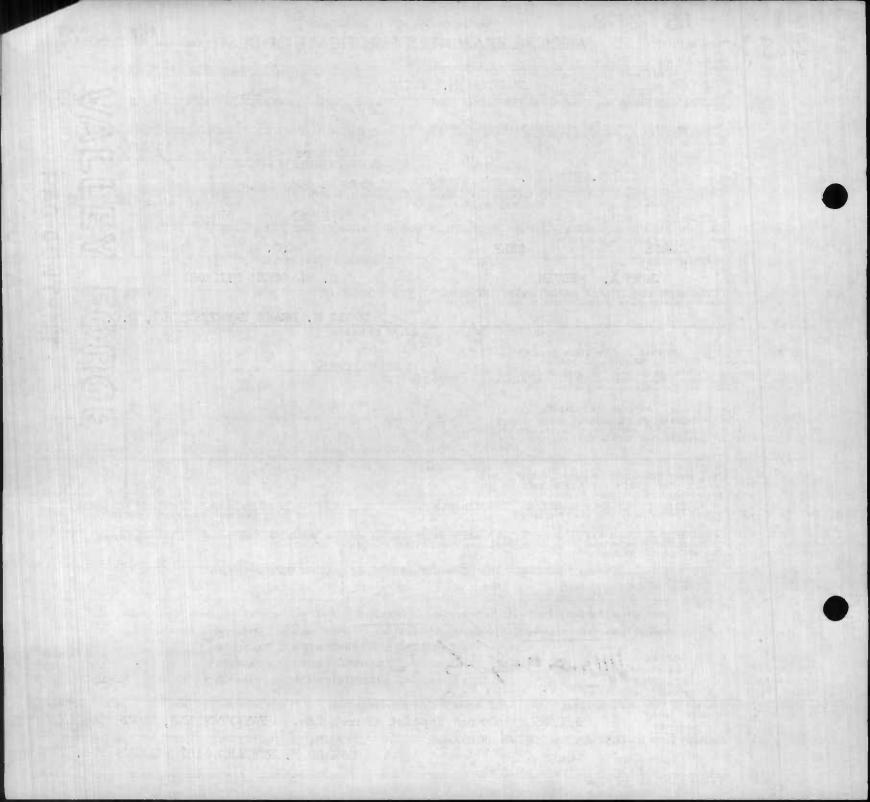


				BALTIMORE CITY	HEALTH DEPA	RTMENT		CE	Odmi
BIRTH M.E. C	NO. 6	5 2471		CERTIFICA	TE OF D	EATH >	Registered No.	00	2471
1. NAA	AE OF DECE	ASED				2. DATE AND	HOUR OF DEATH		
(Type	or Print)	Willia	m G.	Buckman		Marc	h 3, 1965		4.30 P. M.
3. PLA	CE OF DEA	TH IN BALTIMORE, MA	YLAND		4. USUAL RESIDA. STATE	B. COUNT	deceased lived. If in		ence before odmission)
HO	L NAME OF	oddress or location	)		C. CITY OR TO		side city limits, write I	RURAL ond give	re township)
5		Baltimore G	enera.	I HOSDICAL	D. STREET ADD		urol, give location)	o. Md.	1
		6. RACE	7 44 4 901 00	D, NEVER MARRIED	B. DATE OF BIRT		. AGE (In years		Yr. If Under 24 Hrs.
	ale	white	mar	ried (specily)	Sept.15	.1898	ost birthdoyi 66vrs.	If Under 1 Months Doy	
		PATION (Give kind of work rorking life, even if retired)		of Business or Industry undry	11. BIRTHPLACE	(Stote or foreig	in country)	12. CITIZEN WHAT	COUNTRY?
Se:	lf-emp	oloyed	Hav-i	t-done-right	Balte 14. MOTHERS A	O . Md .	NE	U.S.	A •
		liam Buckm			Ma	ry Reb	ecca Lusby		
(Yes, no	or unknown)	Ever in U. S. Armed Fore	es? s of service)		17. INFORMANT			Fernd	ale Md.
<u> </u>	98	World War	1	220-18-472	France	es Buc	kman-101 8	second	AVA.
18	720.	1		CAUSE	DEATH		41		SET AND DEATH
		E OR CONDITION DIR LEADING TO DEATH	ECTLY		07000	1 Min	/ wmile	136	1 hours
(T	his does n	ol meon the mode of	dying, e.g.	DUE TO	o con	100	V 1/100		
		asthenio, etc. Il meons plication which coused		3,	1	_ /	0		
		NTECEDENT CAUSES	occini,	(B)	artes	cos	denn	2 2	years
				DUE TO					
ris	se la lhe	R CONDITIONS, if obove couse (A) CONDITION last.						0	
	NDEKETING.	CONDITION 18SI,							
E   T	O THE DI	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO T	NG Prev	und	CI	wan	ry 2	gens
			DITION FOR	WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	HIDINGS CO USES OF DEA	NSI DERED
0 21	A. ACCIDEN R CONTRIBU EATH (notify	TING CAUSE OF medical examined	ho	B. PLACE OF INJURY (e.g., i ome, form, foctory, street, o	ffice bldg., INJUR	HERE DID	(If in Boltimore	City, give ex	roct locotion)
0 21	D. TIME FINJURY	(Month) (Doy) (Year)	(Hour) 21	E INJURY OCCURRED	21 F. H	OM DID INT	JRY OCCUR?		
¥ (A	PPROX.)			/hile At Not While At Work	•		×	3	12 -
		that (i) (this haspital		the deceased from	463	-	910	MNO	431963.
		lost saw the deceose		5/3/	19.65		ot in (my) (our) api	nion death c	occurred on the dote
	A. SIGNATU		ed obove.	(I) (We) (did) (did/hat)	view the body a	tter deoth.		23 B. DATE S	ICALED
23	A. SIGNATO	au,	Mil	M.D. Att.	ending A		Stoff Phys.	3/	5/65
23	C. PHYSICIA	rpe)	1477		23D. ADDRESS				
24A. B	URIAL CREA		1111er	NAME of CEMETERY of CR		5. Char		Balto.	30 Md • (Stote)
- 1	REMOVAL (S	pecily)		The state of the s		300			
	rial DATE REC'D	3/8/6 BY HEALTH DEPT.		OF REGISTRAR	etery 25C. FUNER	R11	chie High	way Ba	ABORESS M.d.
		MAR 8 1965	A.D.	& E Faiber H.A.	Kraus	e Fune	ral Homel	216s.C	harlesSt
VS 150	2-REV. 1/1/2	AHU O IAAA	THE PARTY OF THE P						



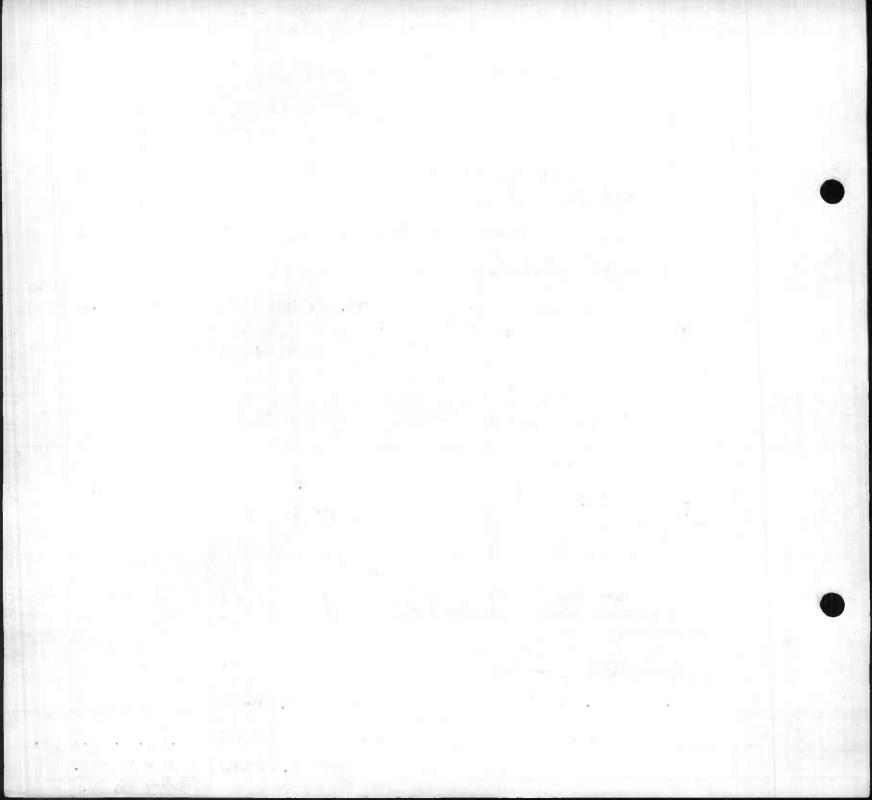
00 6477	BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
M.E CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DE

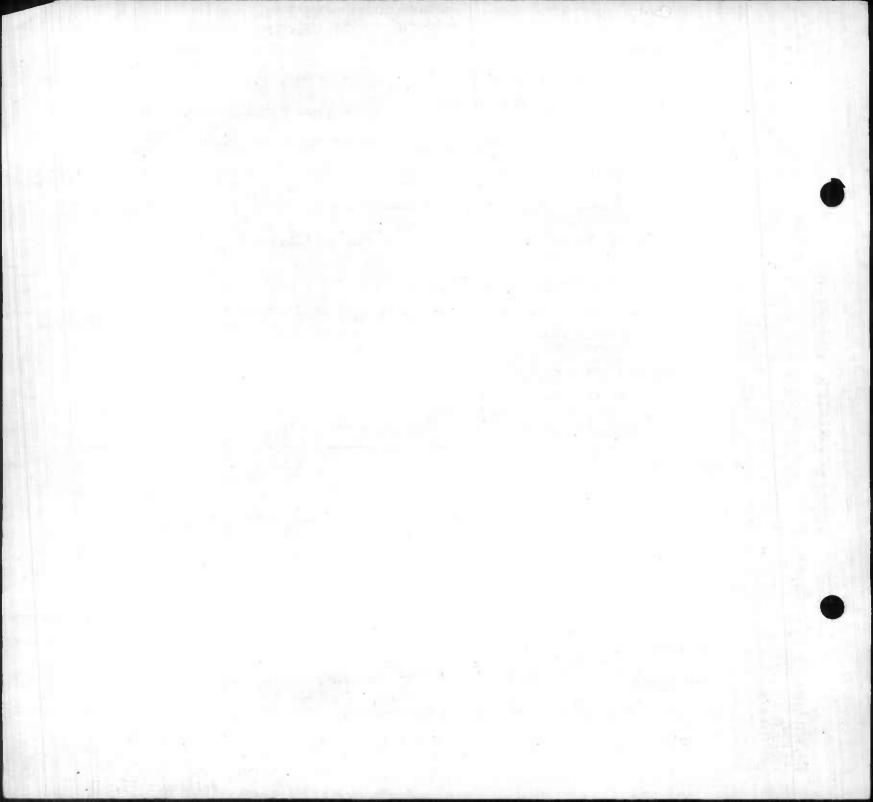
M.E	CASE NO.						The same of the same	
1. N	AME OF DECEASED		ED A NO	EC M UNIME	C	2. DATE AND	HOUR PRONOUNCE	DEAD
	Frances		FRANC	and the second second		3-1	1-65	12:01 Pm
	ACE IN BALTIMORE, M	ARYLAND, WI	TERE PRONOU	NCED DEAD	A. STATE Marylan	,	eceased lived. If institute B. COUN	ution: residence before admission) NTY
FUL HOS	PITAL OR ADDR	T IN HOSPITA	L OR INSTITU	TION, GIVE STREET			carparate limits, write	RURAL and give (ownship)
IN \$1	ITUTION	19		3	Baltimo	STAR .	_	1-04
		11		atelia	D. STREET ADDI		give location)	
	630 ]	E. 27th	St.		630 E.	27th St.		
5. S	X 6. RACE			NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	If Under 1 Yr, II Under 24 Hrs.
f	emale whit		WIDO WED, E	DIVORCED (specify)	11/29	/17	47 kg	Manths Days Haurs Min.
10A.	USUAL OCCUPATION	ive kind of work	OB. KIND OF	BUSINESS OR INDUSTRY				12. CITIZEN OF
dane	NURSE	even if retired)	SELF		100000000000000000000000000000000000000	N.C.		WHAT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S M			
	JOHN A.	MELVI	N		S.	BLANCHE	HILBRUN	
	VAS DECEASED EVER IN			16. SO CIAL	17. INFORMANT			ADDRESS
(Yes	na arunknawn) (If yes, gi	ve war ar dates	at service)	SECURITY NO.	MOPTS M	DDVAL	FAYETTSVILL	F N C
	B. / /			CALLSE	OF DEATH	DIVAKE	PATELISVIEL	INTERVAL BETWEEN
	5 8/14	I		CAUSE	OF BLAIN			ONSET AND DEATH
	DISEASE OR CO	NDITION DIR	ECTLY	77-4	A			
	(This daes not mean heart lailure, asthenia, injury or camplication	the made al etc. It means which caused d	dying, e.g., the disease, leath.)	DUE TO	ty liver			
	DISEASES OR COND	DENT CAUSES		(B)DUE TO				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	RISE TO THE ABOVE	CAUSE (A) ST		DUE 10				
z	UNDERLYING COND	MION LASI.		(C)				
은		II						
3	OTHER SIGNIFICANT	CONDITIONS						
Ē	TO THE DEATH B			1 L				
CERTIFICATION	19A. DATE OF OPERATION	WAS PERF		VHICH OPERATION	20A. AUTOPSY		OB. IF YES, WERE FIN N CERTIFYING CAUSI	
7	21A. EXTERNAL CAUSE	WAS	21 B. I	PLACE OF INJURY (e.g.,	in ar about 21C. V	VHERE DID	in Baltimare City, giv	e exact lacation)
	UTING CAUSE OF DEA		etc.)	fam, factory, street,	ince biog., INJURY	OCCUR?		
1	21 D TIME (Manth) OF INJURY	(Day) (Yearl	(Haur) 2	E INJURY OCCURRED	21F. H	ANTHI DID MO	RY OCCUR?	
	(APPROX.)		m. W	HILE AT NOT AT W	WHILE ORK			
	22. I certify that I	held on In	quiry 🗌	Inspection Au	ropsy 🔯 and	d that on this	basis, death in my	y opinion
	resulted from:	Notural cou	ses X A	ccident Suicid	e Homici	de U	ndetermined manne	
				1	CHIEF M	EDICAL EXA	MINER	DATE SIGNED
	SIGNATURE.	11 mes	ne	M.D	ASSISTANT M	EDICAL EXA	MINER -	DATE SIGNED
	EVAMINED'S	erner U	Spitz		ASSOCIATE M			3-5-65
	BURIAL CREMATION,	23B, DATE	230	C. NAME OF CEMETERY	CREMATORY	23D. LO	CATION (City,	tawn, ar caunty) (State)
REA	NOVAL (Specify)	3/7/6	55 St	naron Baptist	Church Co	em. FA	YETTEVILLE,	NORTH CAROLINA
24A	BURIAL . DATE REC'D BY HEALT	H DEPT.		OF REGISTRAR		AL DIRECTOR		ADDRESS
	0000			6 E Farbert			BARD 4107 W	ILKENS AVE. 21229
	MAR	8 1965	1 Goler	C Acribania		111 35		



>	1	1		1	-
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	he/	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	2
	dea	Ceds	+ uc	. 20	
	spite	De (	931	eath	
	a ho	e; (5	ndar	o o	
	ni l	cans	atte	lor	4
	buti	ned	lar	b.	ade.
	occu	ermi	regu	es De	m si
	er c	ndet		dece	tion
1	if de	4) U	MOS	the	sposi
FUNERAL DIRECTOR: IMPORTANT	tant e dir	nd; (	ath	0	p p
DRT.	f the	ıy ki	o o	ance	r fine
MPC	his os	of an	unce	tend	o pe
= :	A Al	Ure	ouo.	r at	E B
OR	mine	fract	o pr	gula	emb
ECI	DXO	3) A	¥	n re	are
PIR	lical cal	ns; (;	ician	ds i	ains
SAL	med	bur	shys	N UB	rem
NE	thief	Body	the	ysici	e the
5	the dall by	3	ere	hd c	efor
	l by	ure;	wh	Š	ed b
	ovec e ho	/ nat	cept	) pu	tain
	appr	f any	ê -	D ; (	e ob
	sed i	onto	pita	eath	ust k
	musi	ccide	a hos	to d	E .
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	And	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	rior	written approval must be obtained before the remains are embalmed or final disposition is made.
	dy w	3	.O.A.	sed p	do u
	is ce	OWS	as D.	COC	ritte
	투속	sh	3	o	}

+	OF () A'")*?	BALTIMORE CITY	HEALTH DEPARTMENT		( A A	
	итн но. 65 2473	CERTIFICA	TE OF DEATH	Registered No.	5 2473	
1.1	E. CASE NO. NAME OF DECEASED	0.0	2. DATE AN	D HOUR OF DEATH		
(T)	pe or Print) Edna M. Gni	4+in	max	ch 4.196	5.1 11:4:	5 A. M.
3,	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whore A. STATE B. COUN	e decoosed lived. Il institu	tion: residence before	dmission
	FULL NAME OF (If not in hospital or institut	ion ave shoot	Manulan	A	25-	04
	HOSPITAL OR oddress or location)	ion, give sireer	C. CITY OR TOWN (If outs	side city limits, write RUR	AL ond give township)	-
-	INSTITUTION		Baltim.	NE #ZIZ	2 Z.5	
5		1 1 1	D. STREET ADDRESS (III	urol, give location)		
3	South Boltimore 6	Eneral Hosp.	4030 80	h. Street.		
5.	SEX 6. RACE 7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH		Under 1 Yr. II Under	r 24 Hrs.
	F. Gihite 1	YA. DO I E V.	6/19/92	72	1 10013	1444116
	LUSUAL OCCUPATION Give kind of work 108, KINI	O OF BUSINESS OR INDUSTRY	11. PIRTHPLACE (Stole or foreig	gn country) 1	2. CITIZEN OF WHAT COUNTRY?	
do	ne during most of working life, even if retired)	ousewife.	R-1/:	25 M.I	I) C	
13.	FATHER'S NAME	ouse wite.	14, MOTHER'S MAIDEN NAM	AF Eg Mas	Vise	
	1 1 1 .	1	1/.			
3.6	JOSEPH duin	lan	17. INFORMANT	a	100000	
(Ye	Was Deceased Ever if U.S. Armed Forces?	1 6. SOCIAL SECURITY NO.	IV. INFORMANT		ADDRESS Riv	iera
	No		Mrs. Virginia S	Stindt 259 Har	rlem Rd., E	each
	1B. 4 9	CAUSE OF		1	INTERVAL RETV	
	DISEASE OR CONDITION DIRECTLY	Cutter	cosclerate Care	Corac Cocke	7	
	LEADING TO DEATH (This does not mean the mode of dying,	a see see see see see see see see see se	with Partial 130	well Westruck	40h	*********
	heart failure, asthenia, etc. It means the dise					
	injury ar camplication which caused death.)	483				
	ANTECEDENT CAUSES	DUE TO	**************************************	u Muu u Madhu du dadaha Madha qo gaaa qo qo a qoq		
	DISEASES OR CONDITIONS, il any, gi	.1				
	UNDERLYING CONDITION last.	The (C)		*******	***************************************	
	11					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBL					
AT	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	10 B. IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?	
ERT		Total Bridge and Million Co.	1ES	44 : 9 1: 9		
0	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	III in Boltimoro Ci	ity, give exact location)	
CAL		etc.)				
ED	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
2	(APPROX)	While At Work	° 🗆			
	22. I certify that #F(this hospital) attend	ed the deceased from	3-1-1	96510 3	-4- 10	65.
	that (# (we) lost saw the deceased alive	2 1/ -	A	of in( (our) opinio		
				or in (1652 (our) opinio	n deorn occurred on	The dote
	ond hour and from the couses stated abov	e. (I) (We) (did) (did not) v	iew the body ofter deoth.	-		
	23A. SIGNATURE	M.D. Atto	onding Med.	Stoff 23	B. DATE SIGNED	
	Bernut 1. Son	ovech Phy:	s. Director	Phys.	3-4-65	
	23C. PHYSICIAN'S NAME (Typo)		23D. ADDRESS			
	Dr. Kermit P. Bonovich	M.D.	South Balto. Ger	neral Hospita	1	
24	A. BURIAL CREMATION, 248, DATE 24	C. NAME of CEMETERY of CRE			town, or county)	(Stote)
	Burial 3-8-1965	Holy Cross Comet	D. I	tabia Uarra	A A Co	161
25	2/-/	Holy Cross Cemet	25C. FUNERAL DIRECTOR	tchie Hgwy.,	ADDRESS	Md.
	MAP 8 1065 10 0	& ExtraleuMA		nce, 4001 Rit		
L	150-REV. 1/1/65	and car adman	George o. do.	Baltimor		
A 7	130-REV: 1/1/03			THE LT I MOT	e 25. Md.	





FUNER	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT	1
This certificate must be approved by the chief	f medical examiner	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	4
the body was released to the hospital by a m	medical examiner.	the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death 🥆	ath /
shows: (1) An accident of any nature; (2) Body	burns; (3) A fractur	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	pes
was D.O.A. at a hospital (except where the p	physician who pron	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	rhe C
deceased prior to death); and (6) No physicia	an was in regular	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	J Hou
written approval must be obtained before the remains are embalmed or final disposition is made.	remains are embali	med or final disposition is made.	C

65-05189	BALTIMORE CITY	HEALTH DEPARTMENT		CF DAME
HRTH NO. 65 2475	CERTIFICA	TE OF DEATH	Registered Na	65 2475
M.E. CASE NO.			HOUR OF DEATH	
T	BABY GIRL (Leono:		4 -	12:20 PM
B. PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before admission)
FULL NAME OF (If not in hospitot or in HOSPITAL OR oddress or location)	stitution, give street	MD . B. COUNT		111
INSTITUTION			ide city limits, write F	(URAL ond give township)
		JESSUP		52-00
			utol, give location)	
ST AGNINES HOSPITAL		BOX 348 B M	ONTEVIDEO	RD.
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		. AGE (In years	If Under 1 Yr. If Under 24 His.
FEMALE WHITE	BABY	3-2-65	ost billiaby)	2
A. USUAL OCCUPATION (Give kind of work 108,	KIND OF BUSINESS OR INDUSTRY		in country)	12. CITIZEN OF
one during most of working life, even if retired)		MARYLAND		WHAT COUNTRY?
				U.S.
FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
XMMM COSBY E. MI	ler	JOAN FEVERSTE	IN	
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or doles of	SECURITY NO.		C	ATON AVES. 2122
NO		ST AGNES HOSP	ITAL RECO	
18. 754.1	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	LY	11 0,	0	ONSET AND DEATH
LEADING TO DEATH	(A)	linge Patine Tozgestine Her	drema /	rter coine
(This does not meon the mode of dyi	ng, e.g., DUE TO	<i>f</i>		
heart failure, astheria, etc. It means the injury or complication which caused dea	disease,	7	, m 11	
ANTECEDENT CAUSES	(8)	orgestine Her	nt taile	ne,
	DUE TO	1		
DISEASES OR CONDITIONS, if ony, lise to the obove couse (A) sto	giving	Ů		
UNDERLYING CONDITION lost.	ting the (C)	********************************		0
11				
OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED
2 19A. DATE OF OPERATION 198. CONDITION WAS PERFORM	MED	YES	IN CERTIFYING CAL	JSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Baltimore	City, give exact location)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		,, ,
21D. TIME (Month) (Doy) (Year) (H	out 21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	While At Work At Work			
22 1 24 12 12 12 12 12 12		3-2-	65 3	4- 65
22. I certify that (I) (this hospital) at	tended the deceated fram	65	9ta	19
that (I) (we) last saw the deceased a	live an	19and tha	t in (my) (aur) apl	nian death accurred an the dat
and have and from the causes stated	abave. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE				23 B. DATE SIGNED
M	M.D. Att	ending Med.	Stoff -	
6/mm	198 Phy		Stoff Phys.	
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
GRACE P.	AYUYAO M.D.	ST AGNES HOSE	PITAL. BAL	TO.29, MD.
A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR			ly, town, or county) (State)
REMOVAL (Specify)		the state of the s		
Burial 3-6-1965	Cedar Hill Ceme	etery Rit	chie Hgwy.	A.A.Co., Md.
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MAR 8 1965 (12)	Credo E. Sankey M. A.	George d. Gon	ce 4001 F	litchie Hgwy.
S 150-REV. 1/1/65				nore 25. Md.
			1767 1 17 17 17	IULE COATUA

. It all the transfer to the 100 Additional and the second

## (4) Undetermined death = MOS assistant if IMPORTANT death kind; any pronounced fracture of the chief medical examiner DIRECTOR: aminer. who 3 physician medical burns; FUNERAL (2) Body the O where the hospital nature; approved (except any

Such Deceased

death.

prior

eceased

Ö

the

0

attendance

regular

MOS

physician

°N

9

pup

death) hospital

2

prior to

eceased

ਰ

VS 150-REV. 1/1/65

of

An accident was release

the body

shows:

0

D.O.A.

MOS

Ou

ance (2) cause

regular

cause; attend 10

contributing occurred

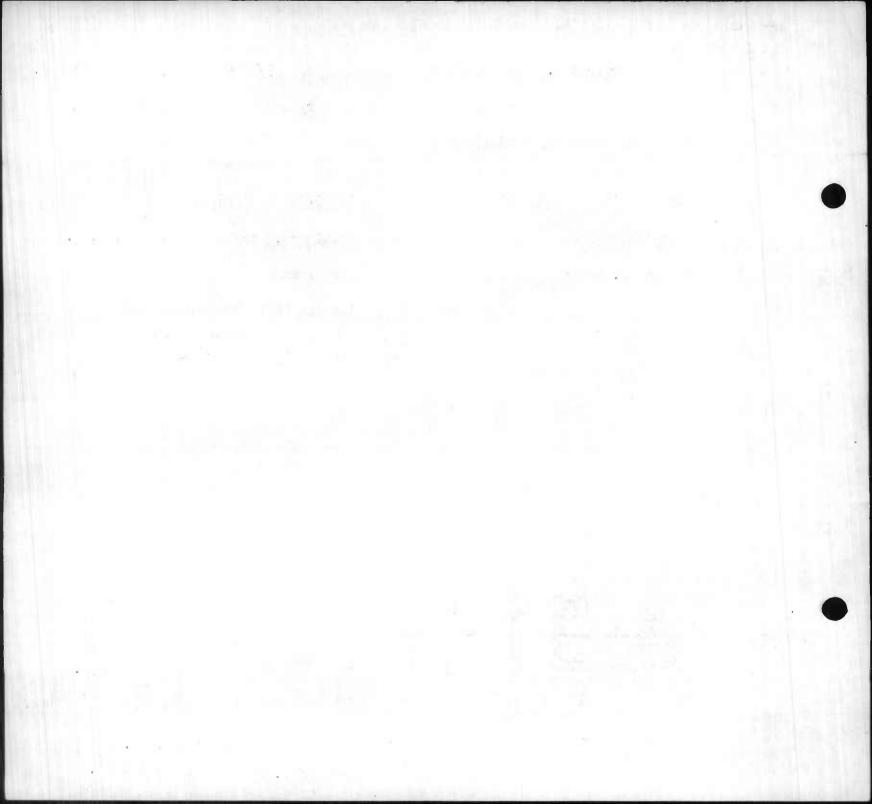
and of death

hospital

BALTIMORE CITY HEALTH DEPARTMENT 2476 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Margaret E. (Ma. 15/65 3:00 A. M (Maggie) 4. USUAL RESIDENCE (Wifere (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give lownship) Baltimore
D. STREET ADDRESS (III 647 Charraway Road (If rural, give location) is made. Il Upmanor Road 7. MARRIED, NEVER MARRIED 9. AGE (In years lost birthday) If Under 1 Yr. Months: Doys If Under 24 His. 5. SEX 6. RACE B. DATE OF BIRTH WIDOWED, DIVORCED (specify) Hours 17/23/97 6"
BIRTHPLACE (Stole or foreign country Female White Widowed

10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11). 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Housewife S Mary Thomas Nicholas S. Watts
15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dates of service) ADDRESS 6. SOCIAL or final SECURITY NO. None 504 Random Road CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., embal heart failure, asthenia, etc. It means the diseose, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO Ore DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medical examined etc.) MEDIC/ obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased fram. that (1) (we) last saw the deceased alive on, and that in (my) (aux) apihian death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Stoff M.D. Phys. Director approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY of CREMATORY town, or county) REMOVAL (Specify) written 25A. DATE REC'D BY HEALTH DEPT. Lake View Memoria Randallstown, Md. 25C. FUNERAL DIRECTOR

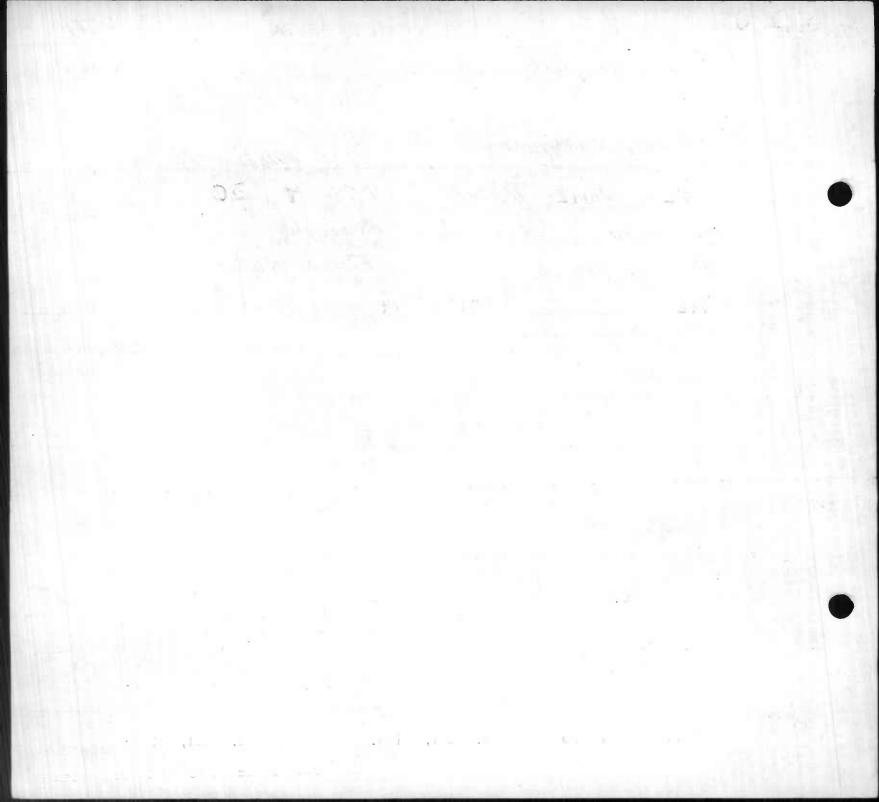
Raymond C. Fink Glen Burnie, Md.



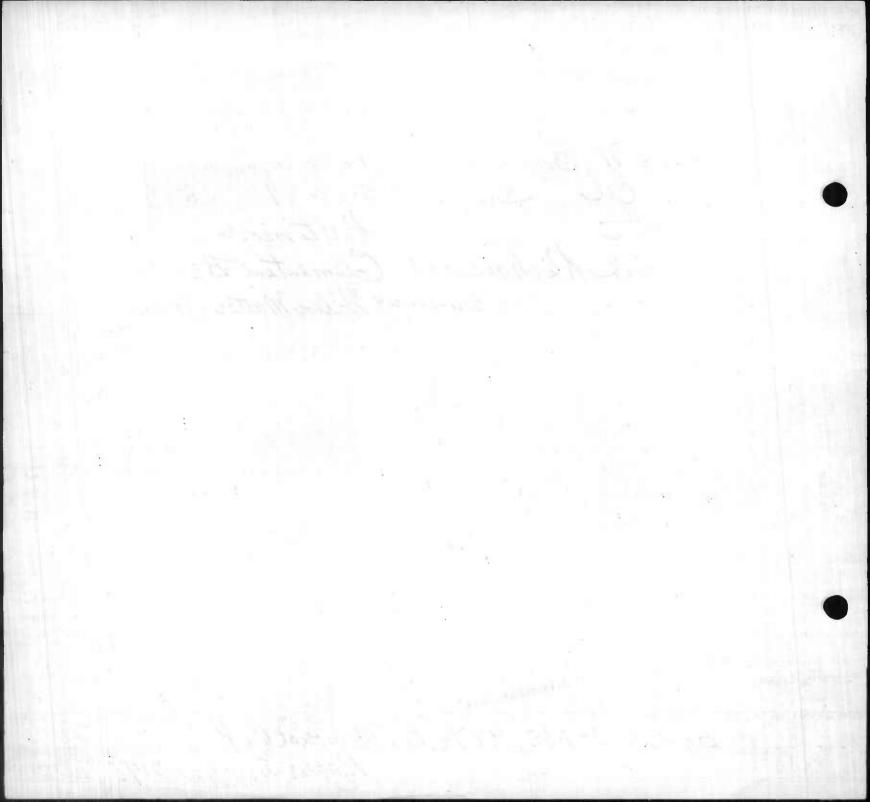
## FUNERAL DIRECTOR: IMPORTANT

Registered No ... RTIFICATE OF DEATH BIRTH NO. and (4) Undetermined cause; (5) Deceased cause of death Suc M.E. CASE NO. 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) 6 LO hospital eath. 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance TOWN FULL NAME OF (If not in hospital or institution, give street Ö oddress or location) HOSPITAL OR C. CITY OR Ilf outside city limits, write RURAL and give township) attend 10 INSTITUTION O University of Maryland prior D. STREET ADDRESS (If rurol, give location contributing occurred final disposition is made. regular 7. MARRIED, NEVER MARRIED 9, AGE (In years If Under 1 Yr. Months Doys If Under 24 Hrs. Hours Min. 5. SEX Hours deceased WIDOWED, DIVORGED Ispecifyl arrica 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? HPLACE (State or fareign country 2 done during most of working life, even if retired) oc. Secur 0 13. PATHER'S NAME Was the assistant if death LO kind; 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, no or unknown|| III yes, give wor or dates of service) SECURITY NO attendance any pronounced INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH fracture (This does not meen the made of dying, e.g., hearl failure, asthenia, etc. 11 means the disease, the chief medical examiner examiner. regular injury at camplication which caused death.) ANTECEDENT CAUSES who DUE TO are 4 DISEASES OR CONDITIONS, if any, giving <u>e</u> la the abave cause (A) stating the physician before the remains UNDERLYING CONDITION lost. medical physician was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 20A. AUTOPSY? IYes or Noll 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED 21 B. PLACE OF INJURY le.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 3 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF to the hospital °Z DEATH Inotify medical examiner etc.) nature; MEDIC/ be obtained 21 D. TIME (Month) |Doyl (Yearl Hourl 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While [APPROX.] At Work Work and any 22. I certify that (this hospital) attended the deceased from death); that (Na(we) lost saw the deceased alive an 19 and that in (my) (our) opinion death accurred on the date of hospital and hour and from the causes stated abave. (W) (We) (did) (did not) view the bady after death. the body was released must accident 23B, DATE SIGNED Attending Stoff M.D. Med. 0 Phys. Director approval 0 23D. ADDRESS prior to shows: (1) An D.O.A. 24A, BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY |Stotel town, or countyl eceased REMOVAL (Specify) written Burial 3/10/65 St. Paul, Minn. Paul M Was 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS Ellsworth Armacost 4600 Liberty Heights T VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



			0.41	BALT	MORE CITY	HEALTH DEP	ARTMENT		CE	0.4%
	H NO.		2478	CER	TIFICA	TE OF D	EATH	Registered No.	65	2978
1. N (Typ	AME OF I	DECEASED DEATH IN BA	illian		hard	A. STATE	mo	D HOUR OF DEATH  AH 3-14  e deceosed lived. If in	965	appint.  A. M. dence before odmission
F	OSPITAL O	OR odd	not in hospitot or in liess or locotion)	stitution, give street		c. Cliff OR TO	Tem	side city limits, write	RURAL ond	give township)
	120	13 7	1 En	sor SX	Ą	D. STREET AD	3 M.	Ensol	St	
5. 9	Male.	6. RACE	e !	KIND OF BUSINESS O	(specify)	5-28		9. AGE (In years lost birthday)	Months D	oys Hours Min.
done		of working life				Bal	MAIDEN NAM	ne	WHAT V	S. A.
15.4	Da. Nos Deces	miel ased Ever in U	S. Armed Forces?	hardsor service) 16. SOCIAL SECURIT	U	THEORMAN THE SHAPE	ent.in	e BEa	rd .	ADDRESS
	18. 4 DIS		NDITION DIRECT	LY state	CAUSE OF	DEATH	8 4 A	celusio	0	TERVAL BETWEEN NSET AND DEATH
	heort lail	es nat mean ure, asthenia,	the made at dying etc. It means the which coused dea	disease,	DUE TO		~7°	**************************************	***************	
	rise lo	S OR CONE	ENT CAUSES DITIONS, if any, cause (A) slat TION last.		(C)	.000	27 3	clepus	1.5	10 75.
ATION	OTHER SI TO THE DISEASE	GNIFICANT C DEATH BU OR CONDITION	ONDITIONS CONT JT NOT RELATED IN CAUSING IT.	RIBUTING TO THE	ench	3 Das	atepi	0-30/020	515	
RTIFIC	19A. DATE	OF OPERATIO	WAS PERFORA	ON FOR WHICH OPER	ATION	20 A. AUTOF	SY? (Yes or No.	IN CERTIFYING CA	FINDINGS C	ONSIDERED ATH?
	OR CONT	RIBUTING Cotily medical e		21 B. PLACE OF I home, form, foct etc.)	NJURY (e.g., in ory, street, offi	or obout 21C. \ ice btdg., INJU	WHERE DID RY OCCUR?	(It in Bottimor	e City, give	exoct locotion)
MEDI	21D. TIME OF INJUR (APPROX.)	Y	(Doy) (Year) (H	White At Work	Not While At Work		OW DID INJ	URY OCCUR?		
	that (A) (	we) last sow	the deceased of	tended the deceose live on 2/2	.3	19.65	and the	of in (my) (our) opl	a R	3 1965
	23A. SIGN 23C. PHYSINAM	ATURE ICIAN'S IE (Type)	1500 EA	R BROWNE, ST MADISON ORE, MD. 21:	M.D. Atten Phys. M.D. 2:	nding 3D. ADDRESS	Med. Director	Stoff Phys.	23B DATE	SIGNED -J-765
1	SUH	CREMATION, AL (Specify) C'D BY HEAL'	3-7-65	ORE MD. 21- 24C. NAME OF REGISTRAL	Ctuse ,	MATORY  25C, FUNE	24D. LO PLACE RAL DIRECTOR	Tack 10	ity, town, or	(Stote)
_	166 BEV 1		1000 470	Jan 4, 400	Judy. "T	reay.	ner 0	anderes	01/1	I HEOLON:



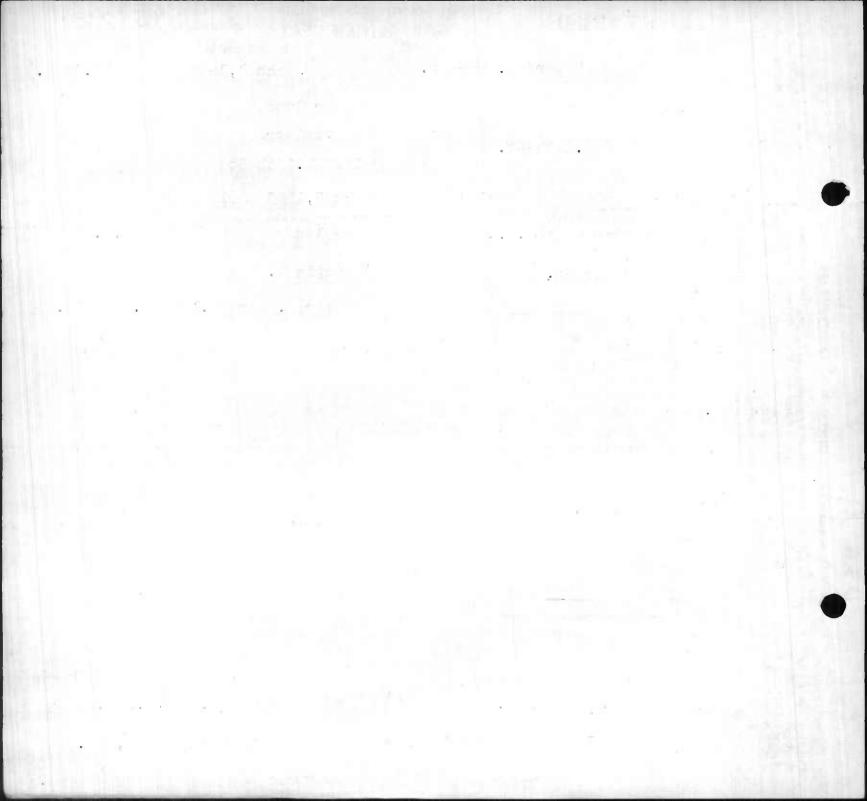
VS 150-REV. 1/1/65

	- OAPO		BALTIMORE CITY	HEALTH DEPARTMENT		
IRTH NO.	5 2479		CERTIFICA	TE OF DEATH	Registered No	65 2479
A.E. CASE NO.	CEASED				D HOUR OF DEATH	
Type or Print)	HOUSE, LEMUEL	HASLUI		MARCH	4, 1965	3:05 A. M
	EATH IN BALTIMORE, MA		No. of the last of	A. STATE B. COUN MARYLAND		titution: residence before odmission)
HOSPITAL OF			give street	C. CITY OR TOWN (If out	side city limits, write R	URAL and give (waship)
ETERANS	ADMINISTRATIO	N HOSPI	TAL	BALTIMORE		
	H RAVEN BLVD.			D. STREET AODRESS (If	rurol, give location)	
BALTIMORI		218		1802 WEST MC H	ENRY STREET	
MALE	GAUCASIAN	WIOOWE	MARRIED MARRIED	12/30/90	9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
	CUPATION (Give kind of work of working life, even if retired)	108. KIND 0	F BUSINESS OR INDUSTRY	BALTIMORE, MD		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NA		
DAVID .	J. HOUSE			SARAH GIVINE		
5. Wos Deceosi	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
YES	5/29/18 TO 6		215 10 2116	V.A. HOSPITAL,	BALTIMORE. N	D. 21218
18. / 4	7 / 1	/ 1/ -/	CAUSE O		2222	INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY				ONSET AND OFATH
(T)	LEADING TO DEATH		(A) Gang	rene small intes	tine	2 days
heart failure	not meen the mode of e, osthenio, etc. It meens emplication which coused	the disease				
injury or co	ANTECEDENT CAUSES		v.foV	ulus small intes	stine	2 days
DISEASES	OR CONDITIONS, if		DUE TO			
rise lo l	the obove couse (A)			cinoma of Pancre	as with	6 months
UNDERLYII	NG CONDITION last.		abd	ominal Carcinoma	tosis	
OTHER SIG	II  NIFICANT CONDITIONS CODEATH BUT NOT RELATED TO CONDITION CAUSING I	TED TO T	IG HE			
	OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
	WASTER	OXIVIED		Yes	Yes	
OR CONTRI	BUTING CAUSE OF		me, form, foctory, street, of	n or obout 21 C. WHERE OID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locations
Q 21D. TIME	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW DIO INJ	URY OCCUR?	
(APPROX.)			hile At Not While At Work	e 🗍		
22 Logstif	(v that 1/1) (this hasnital		the deceased from DE	CEMBER 16	9 64 to MARCI	14 19 65
						ion deoth accurred on the dote
-				iew the body ofter death.		
23A. SIGNA		/)	X, (13, (3, a), KANA,	Tow the body offer addition		23B. DATE SIGNED
Llow	was //- /0		M.D. Atte	ending Med. Director	Stoff Phys. X	3/4/65
23 C. PHYSIC	IAN'S	or (I all		23D. ADDRESS	rnys. Cat	2/4/02
NAME			M.D.	V.A.HOSPITAL, BA	ALTIMORE. MD	21218
4A. BURIAL CI	D H. GENDASON	24C. N	IAME of CEMETERY OF CRE			y, town, or county) (State)
REMOVAL	(Specify)	Re	ltimore Nati		ltimore Ci	
Buria.			OF REGISTRAR	25C. FUNERAL DIRECTOR		AODRESS
	MAR 8 1965	R. Pres B	E. Sarber M.A.		meral Home	Pratt

&Stricker

VS 150-REV. 1/1/65

		0.400		BALTIMORE CITY	HEALTH	DEPARTMENT		CE 0100
	n No.	5 2480		CERTIFICA	TE O	DEATH	Registered No	65 2480
1. N.	CASE NO.	SED				2. DATE ANI	HOUR OF DEATH	
Тур	e or Print)	Edwa:	rd T	. Worden.		March	1, 7965	1 12.30 A.
3. P	LACE OF DEAT	H IN BALTIMORE, MA	RYLAND		4. USUA A. STATE	B. COUNT	deceased lived. If in	stitution: residence before admission
H	ULL NAME OF OSPITAL OR ISTITUTION	(If not in hospital address or location		on, give shoot	c. CITY	SR TOWN (If outs	ide city limits, white R	URAL ond give tawnship)
0		1722 E.29tl	n St		D. STREE	altimore (If m	urol, give location)	
						2 E.29th		
5. SI	x 6	White	WIDO	HED, NEVER MARRIED WED, DIVORCED (specify) TIEd	B. DATE C	1	. AGE (In years ast birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
OA.	USUAL OCCUP	ATION (Give kind at wark rking life, even it retired)	10B. KIND	O OF BUSINESS OF INDUSTRY	11. BIRTH	7.1903   PLACE (State or foreign	n cauntry)	12. CITIZEN OF WHAT COUNTRY?
	ray Pa		CM	· Kemp	Mar	yland		U.S.
3.1	ATHERS NAME	rucer	U .II	• vemb	14. MOTH	ERS MAIDEN NAM	\E	0.0.
					200.57			
	Pete	er Worden.		19	Ma	ttie A. I	Poe	
Yes.	vas Deceased E ,no ar unknawn) (	ver in U. S. Armed Fare f yos, give war ar date	es? s of service	1 6. SOCIAL SECURITY NO.	17. INFOR	MANT		ADDRESS
					Hes	ster A. Wo	orden.1722	E.29th St.
	18. // 2	V 1		CAUSE O	F DEATH			INTERVAL BETWEEN
	DISEASE	OR CONDITION DIR	ECTLY					ONSET AND DEATH
	L	EADING TO DEATH		(A) Ple	aral M	alignancy v	with extensi	on 6 months
		meon the mode of sthenio, etc. It meons		a.g., DUE TO	7 - 01	m	ר ר	5 0 0 0 0 W (W 6 0 D 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		icotion which coused		chrough	Terc	Thoracic Wa	i.L.L	
	Al	TECEDENT CAUSES		(B)				
				DUE TO				
		obove couse (A)		. *				
		CONDITION los).	erering.	(0)			0 T 7 O 0 O 0 O 0 O 0 O 0 O 0 O 0 O 0 O 0 O	
		- 11						
Z		CANT CONDITIONS C						
ATION		ATH BUT NOT RELA ONDITION CAUSING I		THE				
		PERATION 198. CON	DITION FO	OR WHICH OPERATION	20 A. A	UTOPSY? (Yos or Na)	20B. IF YES, WERE F	INDINGS CONSIDERED
RTI	0	WAS PERF	OKMED			No	IN CERTIFYING CAL	JSES OF DEATH?
U	OR CONTRIBUTI	WAS UNDERLYING OF CAUSE OF		21B. PLACE OF INJURY (e.g., i hame, form, foctory, street, o etc.)	n ar about ffice b)dg.,	NJURY OCCUR?	(If in Ba)timore	City, give exact lacation)
U								
MEDI	OF INJURY	Month) (Day) (Year)	(Haur)	21E. INJURY OCCURRED		TF. HOW DID INJU	IRY OCCUR?	
2	(APPROX)			While At Not While Nork At Work				
	22	at (1) (abia basisal	) assample	ed the Deceased from	act	1	059 h	2065
				MANA 2				rch 4 1965
	thot (1) (we) I	st saw the decease	d olive	on	19	ond the	tin(my) (gur) opin	nion deoth occurred on the d
	and hour and	from the couses stot	ed above	e. (1) (We) (did not)	view the b	ady after deoth.		
	23A. SIGNATURI	1/1/		2		2		23 By DATE SIGNED
	Ald an	-15/1/0	101	ley M.D. Att	onding		Staff Phys	March 5 196
9	23C. HYSICIAN	5			23 D. ADDR		Phy s.	1,40000 3,110
	NAME (Typ	e)		() ( )				
		as L. Worsle				900 Alamed		lto., Md. 21218
24A	REMOVAL (Sp.	ATION, 24B. DATE	240	C. NAME of CEMETERY or CR	EMATORY	24D. LC	CATION (Cit	y, tawn, or county) (State)
	Burial	- 11 11	-	Lonnaine Des	7-	7.7.5	ndeem Man	1 Da Ma
25A	DATE REC'D B		25B. NAA	Lorraine Par		UNERAL DIRECTOR	Indsor Mil	A ADDRESS
	M	AR 8 1965	20	8-8 F. D. 45	1	intimité	X	al-3018120
	814/	THE CONTRACT OF THE PARTY OF TH	111 4 1 100	THE ASSET A VARIATION	- A A. A	/ V/7 / //// / / A	69//1//////////////////////////////////	IIII LIXIA IN INCHA AL M



MOS

43-00-64

hospital

ПО

ance

attend 9

eath.

prior

23A. SIGNATURE 23B, DATE SIGNED Aftending Phys. Med. Stoll Director March 5. 1965 Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type)

> M.D. 4940 Eastern Avenue Baltimore, Maryland Dr. M. Schuster 24D, LOCATION

24C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

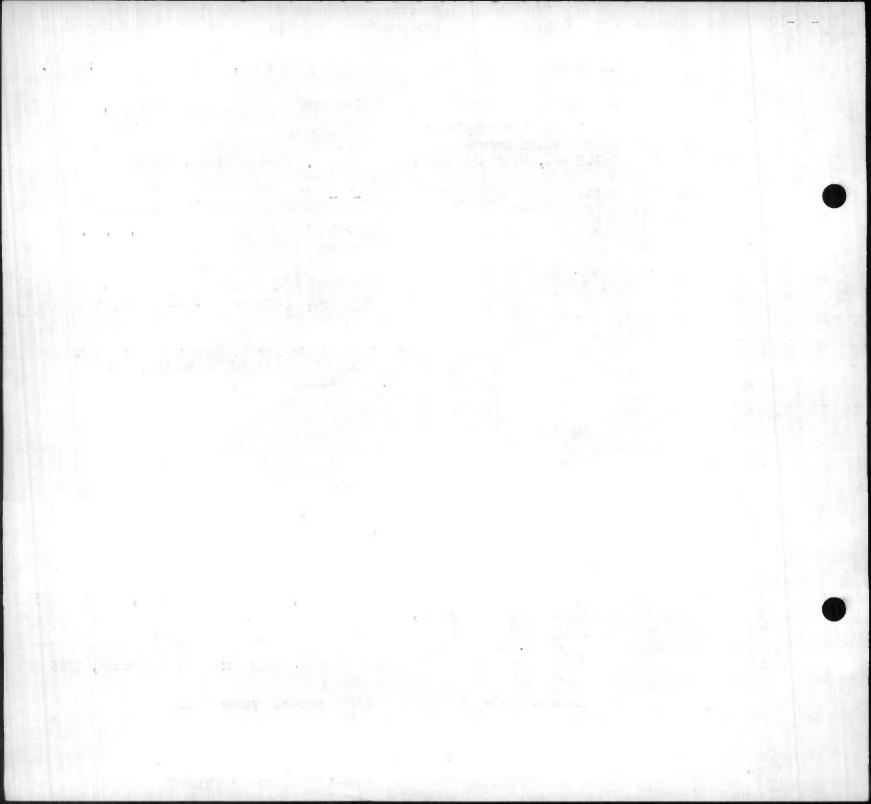
V\$ 150-REV, 1/1/65

25C. FUNERAL DIRECTOR

Letter from B.C.H. 3-16-65 M.H.

38-66-10

				BALTIMORE CITY	HEALTH DEPARTMENT		05 0100
IRTH NO,	65	248	2	CERTIFICA	TE OF DEATH	Registered No.	65 2482
A.E. CASE						AND HOUR OF DEATH	
Type or Pri		Chase	( ERN	FOT THEODOR		ch 3, 1965	6:55 P.
PLACE	OF DEATH IN BAL			EST THEODOM	4. USUAL RESIDENCE (W	here deceased lived. If in	institution: residence before odmissi
					A. STATE B. CO	UNTY	XO
FULL NA		ot in hospital or		give street	Maryland		RURAL ond give township)
INSTITUT	TION			ospitals	Baltimore	ourside city limits, white	KOKAL ond give township)
1		10 Easte				(If rurol, give location)	
		Ltimore.			3003 N. Char		21218
. SEX	6. RACE			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
Male	The second secon		Di	o, DIVORCED (specify) Vorced	2-14-1892	lost birthdoyi	Months Doys Hours Min.
	most of working lile, e		IOB, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	r Ship Y				Maryland , B	altimore	U.S.A.
3. FATHER	S NAME				14. MOTHERS MAIDEN		
T <sub>A</sub> 7	illiam H	E Che	928		Tan 7 4	a Dolbow	
	eceased Ever in U.			1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or u	nknown) (II yes, giv	e wor or dotes	of service)	SECURITY NO.	Mrs Myrtle	e Chase Del	Lahay 3003 Nort
NO			2	16 20 0241		4940 Eastern	Avenue 21224 St
1B. 4	22.1	1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR COM		CTLY				
/This		TO DEATH	duta a second	(A) Arter	riosclerotic Ca sea <b>s</b> e with Cen	ardio Vascula	r ? Years
	does nal mean li failure, asthenia, e					rebral Vascul	ar
in inch	ar camplication w						
injury	or complication w	hich caused o	death.)		sufficiency		
injury		NT CAUSES	death.)	(B)	sufficiency		
DISEA	ANTECEDE	NT CAUSES	ny, giving	DUE TO	sufficiency	***************************************	
DISEA	ANTECEDE ASES OR CONDI Ia lhe above	NT CAUSES TIONS, if a cause (A)	ny, giving	DUE TO	nsufficiency		
DISEA	ANTECEDE ASES OR CONDI Ia lhe above ERLYING CONDITI	TIONS, if an cause (A) s	ny, giving	DUE TO	nsufficiency		
DISEA rise UNDE	ANTECEDE ASES OR CONDI Ia lhe above ERLYING CONDITI	NT CAUSES PRIONS, if an account (A) is counted (A)	ny, giving stoting the	(B) DUE TO	nsufficiency		
DISEA rise UNDE	ANTECEDE ASES OR CONDITION IN THE PROPERTY OF THE DEATH BUT	NT CAUSES ITIONS, if an cause (A) s ION last. II ONDITIONS CO	ny, giving stating the DNTRIBUTING	(B)	nsufficiency		
DISEA rise UNDE TO T	ANTECEDE  ASES OR CONDI  Ia lhe above  ERLYING CONDITI  R SIGNIFICANT CO	NT CAUSES ITIONS, if an cause (A) : ION last.  DINDITIONS COT NOT RELAT to CAUSING IT. N 198. COND	ny, giving stating the ONTRIBUTING TO THE ONTRIBUTION FOR	(B)		No) 208. IF YES, WERE	FINDINGS CONSIDERED
DISEA rise UNDE OTHER	ANTECEDE  ASES OR CONDI  Ia the above  ERLYING CONDITI  R SIGNIFICANT CO  THE DEATH BU  ASE OR CONDITION	NT CAUSES ITIONS, if an cause (A) : ION last. II INDITIONS CO T NOT RELAT	ny, giving stating the ONTRIBUTING TO THE ONTRIBUTION FOR	(B) DUE TO (C)	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
DISEA rise UNDE OTHER TO T DISEA 19A. D.	ANTECEDE ASES OR CONDI II THE ABOVE ERLYING CONDITI  R SIGNIFICANT CO THE DEATH BU ASE OR CONDITION ATE OF OPERATION	NT CAUSES  ITIONS, if an acause (A) is lon fast.  ION fast.  ION TOTAL TOTAL CAUSING IT.  N 19B. COND WAS PERFO	ny, giving stating the DNTRIBUTIN FED TO THE DITION FOR DRIMED	G HE WHICH OPERATION  3. PLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes or NO	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
DISEA iise UNDE TO T DISEA 19A. DI	ANTECEDE  ASES OR CONDI  Ia the above  ERLYING CONDITI  R SIGNIFICANT CO  THE DEATH BU  ASE OR CONDITION	NT CAUSES  ITIONS, if an cause (A) so the cause (A) so the cause (B) so the causing it.  I DND TO TRELATE (AUSING IT.  I 198. COND WAS PERFORM (AUSE OF LAUSE OF LAUSE)  NDERLYING AUSE OF	ny, giving stating the DNTRIBUTIN FED TO THE DITION FOR DRIMED	(B) DUE TO  (C)  G HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, lorm, loctory, street, o	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	AUSES OF DEATH?
DISEA rise UNDE UNDE UNDE UNDE UNDE UNDE UNDE UNDE	ANTECEDE  ASES OR CONDITION  In the above of the above of the death but ase or condition are of operation of the death of	NT CAUSES  ITIONS, if an cause (A) : ION last.  ION last.  ION TRELAT CAUSING IT.  N 198. COND WAS PERFO	ny, giving stating the DNTRIBUTIN FED TO THE STITION FOR DRAWED	(B) DUE TO  (C)  G HE WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, lorm, loctory, street, o	20A. AUTOPSY? (Yes or NO nor obout 21C. WHERE DID liftce bidg., INJURY OCCUR.	IN CERTIFYING CA	AUSES OF DEATH?
DISEA iise UNDE TO THE	ANTECEDE  ASES OR CONDITION IN THE DEATH BUT ASE OR CONDITION ATE OF OPERATION  CCIDENT WAS UN ONTRIBUTING CA I (notily medicol ex  IME (Month)	NT CAUSES  ITIONS, if an cause (A) : ION last.  ION last.  ION TRELAT CAUSING IT.  N 198. COND WAS PERFO	ny, giving stating the DNTRIBUTIN TED TO THE STATE OR THE DOTAIN TO THE STATE OF TH	(B) DUE TO  (C)  G HE  WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, lorm, loctory, street, o.)	20A. AUTOPSY? (Yes or NO n or obout 21C. WHERE DID injury Occur.)	IN CERTIFYING CA	AUSES OF DEATH?
DISEAN IISE UNDE TO THE T	ANTECEDE  ASES OR CONDITION IN THE ABOVE  R SIGNIFICANT CO THE DEATH BU USE OR CONDITION ATE OF OPERATION  CCCIDENT WAS UP DITRIBUTING CA I (notily medicol ex  IME (Month) ( JURY DX.)	NT CAUSES  ITIONS, if an acause (A) is on iast.  ON iast.  ON DISTRIBUTIONS COT NOT RELATE CAUSING IT.  N 198. COND WAS PERFORMALISE OF ominer)  (Doy) (Year)	ny, giving stating the DNTRIBUTIN FED TO TH.  DNTRIBUTIN FOR DRMED  21E harder etc.  (Hour) 21E William William William William Portroller with the property of the property o	G HE WHICH OPERATION  S. PLACE OF INJURY (e.g., ine, lorm, loctory, street, only)  L. INJURY OCCURRED hile At Work	20A. AUTOPSY? (Yes or NO nor obout 21C. WHERE DID INJURY OCCUR.)	IN CERTIFYING CA	re City, give exact location)
DISEAN INSEAN OF INJUINING TO THE PROPERTY OF INJUINING TO THE PROPERTY OF INJUINING THE PROPERT	ANTECEDE  ASES OR CONDITION  In the above of the above of the DEATH BUTTON ATE OF OPERATION  CCCIDENT WAS UP ON TRIBUTING OF THE CONDITION OF	NT CAUSES  ITIONS, if an cause (A) is on last.  I on last.  I on on the cause of the causing it.  In 198. COND WAS PERFORMALISE OF ominer  (Doy) (Year)	ny, giving stating the DNTRIBUTIN FED TO TH.  DNTRIBUTIN FOR DRMED  21E hardet (Hour) 21E Will Will Will Will Will Will Will Wil	G HE WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, lorm, loctory, street, only)  LINJURY OCCURRED Hile At Not While At Work  the deceased from Se	20A. AUTOPSY? (Yes or NO nor obout 21C. WHERE DID INJURY OCCUR.)	IN CERTIFYING CA	re City, give exact location)
DISEA HISE UNDE UNDE TO THE TO TO THE FORM TO THE FORM TO THE FORM TO THE TO THE FORM TO THE TO THE FORM TO THE FORM TO THE THE FORM TO TH	ANTECEDE  ASES OR CONDITION  In the above of the above of the DEATH BUTTON ATE OF OPERATION  CCCIDENT WAS UP ON TRIBUTING OF THE CONDITION OF	NT CAUSES  ITIONS, if an cause (A) is on last.  I on last.  I on the cause of the causing it.  I last	ny, giving stating the DNTRIBUTIN FED TO TH.  DNTRIBUTIN FOR DRMED  21E hardetc	G HE WHICH OPERATION  B. PLACE OF INJURY (e.g., ine, lorm, loctory, street, only)  LINJURY OCCURRED Hile At Not While At Work  the deceased from Se	20A. AUTOPSY? (Yes or NO nor obout 21C. WHERE DID INJURY OCCUR.  21F. How DID	IN CERTIFYING CA	AUSES OF DEATH?  ore City, give exact locotion)
DISEA ise UNDE UNDE TO THE TO	ANTECEDE  ASES OR CONDITION IN THE ABOVE  R SIGNIFICANT CO THE DEATH BUT ASE OR CONDITION ATE OF OPERATION  CCIDENT WAS UN DNTRIBUTING CA I (notily medicol ex JURY DX.)  Certify that (1) (to	NT CAUSES  ITIONS, if an cause (A) is ON last.  IN 198. CONDITIONS TO THE CAUSING IT.  N 198. COND WAS PERFORM WAS PERFORM OF ORDERLYING OF ORDERLY OF ORDE	ny, giving stating the DNTRIBUTIN TED TO THE DOTTON FOR DRIVED (Hour) 21E WW. W. ottended to dalive on	G HE WHICH OPERATION  S. PLACE OF INJURY (e.g., ine, lorm, loctory, street, one, lord Al Work  LINJURY OCCURRED Took Al Work  Al Work  The deceased from Se March 3,	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID in Jury occur.  21F. How DID  21F. How DID  21F. How DID  21F. How DID	IN CERTIFYING CA	re City, give exact locotion)  The City, give exact locotion and the city of t
DISEA HISEA UNDE TO THE T	ANTECEDE  ASES OR CONDITION IN THE BUTTON TO THE DEATH BUTTON TO THE DEATH BUTTON TRIBUTING CALL (Month) (MAE (Month) (Month) (MAE (Month) (MAE (MONTH) (MO	NT CAUSES  ITIONS, if an cause (A) is ON last.  IN 198. CONDITIONS TO THE CAUSING IT.  N 198. COND WAS PERFORM WAS PERFORM OF ORDERLYING OF ORDERLY OF ORDE	ny, giving stating the DNTRIBUTIN TED TO THE DOTTON FOR DRIVED (Hour) 21E WW. W. ottended to dalive on	G HE WHICH OPERATION  S. PLACE OF INJURY (e.g., ine, lorm, loctory, street, one, lord Al Work  LINJURY OCCURRED Took Al Work  Al Work  The deceased from Se March 3,	20A. AUTOPSY? (Yes or NO nor obout 21C. WHERE DID INJURY OCCUR.) 21F. HOW DID	IN CERTIFYING CA	re City, give exact location)  The City, give exact location of the decided and the decided an
DISEA HISEA UNDE TO THE T	ANTECEDE  ASES OR CONDITION IN THE ABOVE  R SIGNIFICANT CO THE DEATH BUT ASE OR CONDITION ATE OF OPERATION  CCIDENT WAS UN DNTRIBUTING CA I (notily medicol ex JURY DX.)  Certify that (1) (to	NT CAUSES  ITIONS, if an cause (A) is ON last.  IN 198. CONDITIONS TO THE CAUSING IT.  N 198. COND WAS PERFORM WAS PERFORM OF ORDERLYING OF ORDERLY OF ORDE	ny, giving stating the DNTRIBUTIN TED TO THE DOTTON FOR DRIVED (Hour) 21E WW. W. ottended to dalive on	GHE WHICH OPERATION  S. PLACE OF INJURY (e.g., in the local section of the local section).  INJURY OCCURRED Not White he deceased from Section March 3.  I) (We) (did) (did not) who was a section of the local section of	20A. AUTOPSY? (Yes or NO NO nor obout 21C. WHERE DID line bidg., INJURY OCCUR.)  21F. HOW DID e 25 and 26 a	IN CERTIFYING CA	ore City, give exact location)  Ch 3, 19 65  Union death occurred an the d
DISEA IIISE UNDE UNDE TO	ANTECEDE  ASES OR CONDITION IN THE ABOVE ERLYING CONDITION R SIGNIFICANT CONTINUATE OF OPERATION  ATE OF OPERATION  CCCIDENT WAS UP NOTRIBUTING CA I (notily medicol ex IME (Month) IURY  Cortify that (1) (1) I) (we) lost sow our and from the GNATURE	NT CAUSES  ITIONS, if an cause (A) is ON last.  IN 198. CONDITIONS TO THE CAUSING IT.  N 198. COND WAS PERFORM WAS PERFORM OF ORDERLYING OF OTHER OTHER OF OTHER OTHE	ny, giving stating the DNTRIBUTIN TED TO THE DOTTON FOR DRIVED (Hour) 21E WW. W. ottended to dalive on	G HE WHICH OPERATION  S. PLACE OF INJURY (e.g., ine, lorm, loctory, street, one)  E. INJURY OCCURRED Hile At Not White At Work  The deceased from Seminarch 3,  I) (We) (did) (did not)	20A. AUTOPSY? (Yes or No No nor obout 21C. WHERE DID injury occurs 21F. How DID e 19 65 and view the body ofter decing Med. Director 19 65.	IN CERTIFYING CA	re City, give exact location)  The City, give exact location of the decided and the decided an
DISEA rise UNDE UNDE TO THE TO	ANTECEDE  ASES OR CONDITION IN THE BUTTON TO THE DEATH BUTTON TO THE DEATH BUTTON TRIBUTING CALL (Month) (MAE (Month) (Month) (MAE (Month) (MAE (MONTH) (MO	NT CAUSES  ITIONS, if an cause (A) is cause (A) is lon iasl.  IN 198. CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS (CAUSING IT.)  N 198. CONDITIONS (CAUSE OF comine)  WAS PERFORMANCE OF comine)  (Doy) (Yeon)  this hospital)  the deceosed couses state	ONTRIBUTIN FOR ORMED  (Hour)  attended to delive on  ad obave. (	GHE WHICH OPERATION  S. PLACE OF INJURY (e.g., interpretation of the control of t	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID line bidg., INJURY OCCUR.)  21F. HOW DID e 19 65 and view the body ofter death price of the bidge.  Med. Director 23D. ADDRESS	IN CERTIFYING CA	ore City, give exact locofion)  The City, give exact locofion)  19 65  The City, give exact locofion)  23 B. Date signed  March 3, 1965
DISEA IISE UNDE TO THE T	ANTECEDE  ANTECEDE  ANTECEDE  ANTECEDE  ANTECEDE  R SIGNIFICANT CO  FRE DEATH BU  ANTE OF OPERATION  COLIDENT WAS UP  DATRIBUTING CA  (Month)  COLIDENT WAS UP	NT CAUSES  ITIONS, if an cause (A) is cause (A) is lon iasl.  IN 198. CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS (CAUSING IT.)  N 198. CONDITIONS (CAUSE OF comine)  WAS PERFORMANCE OF comine)  (Doy) (Yeon)  this hospital)  the deceosed couses state	ny, giving stating the DNTRIBUTIN TED TO THE DOTTON FOR DRIVED (Hour) 21E WW. W. ottended to dalive on	GHE WHICH OPERATION  S. PLACE OF INJURY (e.g., interpretation of the control of t	20A. AUTOPSY? (Yes or No No nor obout 21C. WHERE DID injury occurs 21F. How DID e 19 65 and view the body ofter decing Med. Director 19 65.	IN CERTIFYING CA	ore City, give exact locofion)  The City, give exact locofion)  19 65  The City, give exact locofion)  23 B. Date signed  March 3, 1965
DISEA HISEA UNDE UNDE UNDE UNDE UNDE UNDE UNDE UNDE	ANTECEDE  ASES OR CONDITION In the above IRLYING CONDITION IN THE DEATH BUT INSE OR CONDITION IN THE DEATH BUT IN THE DEATH B	NT CAUSES  ITIONS, if an cause (A) is cause (A) is lon iasl.  IN 198. CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS (CAUSING IT.)  N 198. CONDITIONS (CAUSE OF comine)  WAS PERFORMANCE OF comine)  (Doy) (Yeon)  this hospital)  the deceosed couses state	ONTRIBUTION FOR DRINGED  (Hour) 21E WW. w. ottended to delive on ed obave. (	GHE WHICH OPERATION  S. PLACE OF INJURY (e.g., interpretation of the control of t	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID INJURY OCCUR.  21F. How DID  22F. How DID  23D. ADDRESS	IN CERTIFYING CA	ore City, give exact locofion)  The City, give exact locofion)  19 65  The City, give exact locofion)  23 B. Date signed  March 3, 1965
DISEA DISEA OTHER TO	ANTECEDE  ASES OR CONDITION IN THE ABOVE ERLYING CONDITION R SIGNIFICANT CO THE DEATH BU USE OR CONDITION ATE OF OPERATION CCCIDENT WAS UP ONTRIBUTING CA I (notily medicol ex IME (Month) (1) (we) lost sow our and from the GNATURE  HYSICIAN'S AME (Type)  AL CREMATION, 2 DVAL (Specily)	NT CAUSES  PTIONS, if or cause (A) is cause	ONTRIBUTIN TED TO TH. STORMED  (Hour)  ottended to daive on ed obave. (  Cacce  24c. N	GHE WHICH OPERATION  B. PLACE OF INJURY (e.g., in the property of the deceased from	20A. AUTOPSY? (Yes or No No nor obout 21C. WHERE DID lifee bidg., INJURY OCCUR.)  21F. HOW DID  21F. HOW DID  21F. How did not be	IN CERTIFYING CA	auses of Death?  The City, give exact locotion)  The City give exact locotion)  The City give exact locotion)
DISEA  iise UNDE  UNDE  OTHEF TO TO JOSEA  19A. D.  21A. A OP DEATH OF INJ (APPRO  22. 1 c thot (I ond he 23A. SI 23C. PF N/	ANTECEDE  ASES OR CONDITION In the above IRLYING CONDITION IN THE DEATH BUT INSE OR CONDITION IN THE DEATH BUT IN THE DEATH B	NT CAUSES  PITIONS, if or cause (A) is cause	ONTRIBUTING TO THE CORMED  ONTRIBUTION FOR ORMED  (Hour) 21E WH WC.  ottended to dive on  ed obave. (  Cacca  24c.N  5 Pa.	GHE WHICH OPERATION  S. PLACE OF INJURY (e.g., ine, lorm, loctory, street, only)  E. INJURY OCCURED Thile At Not White At Work  The deceased from Semile At Work  The deceased f	20A. AUTOPSY? (Yes or No No nor obout 21C. WHERE DID lifee bidg., INJURY OCCUR.)  21F. HOW DID  21F. HOW DID  21F. How did not be	IN CERTIFYING CA  (II in Boltimon  INJURY OCCUR?  19 63 to Mar  that in (my) (aur) op  th.  Stoff Phys.  Avenue 2122  Location (C	auses of Death?  The City, give exact locotion)  The City give exact locotion)  The City give exact locotion)
DISEA  iise UNDE  UNDE  OTHEF TO TO JOSEA  19A. D.  21A. A OP DEATH OF INJ (APPRO  22. 1 c thot (I ond he 23A. SI 23C. PF N/	ANTECEDE  ASES OR CONDITION In the above ERLYING CONDITION R SIGNIFICANT CO THE DEATH BUT INSE OR CONDITION ATE OF OPERATION CCIDENT WAS UP DITRIBUTING CA (Month) (Month) (Month) (Month) (ME) (We) lost sow our and from the GNATURE  HYSICIAN'S AME (Type)  AL CREMATION, DVAL (Specily)  1221	NT CAUSES  PITIONS, if or cause (A) is cause	ONTRIBUTING TO THE CORMED  ONTRIBUTION FOR ORMED  (Hour) 21E WH WC.  ottended to dive on  ed obave. (  Cacca  24c.N  5 Pa.	GHE WHICH OPERATION  B. PLACE OF INJURY (e.g., in the property of the deceased from	20A. AUTOPSY? (Yes or No No nor obout 21C. WHERE DID lifee bidg., INJURY OCCUR.)  21F. HOW DID  22F.	IN CERTIFYING CA  (II in Boltimon  INJURY OCCUR?  19 63 to Mar  that in (my) (aur) op  th.  Stoff Phys.  Avenue 2122  Location (C	auses of Death?  The City, give exact locotion)  The City give exact locotion give give give give give give give give



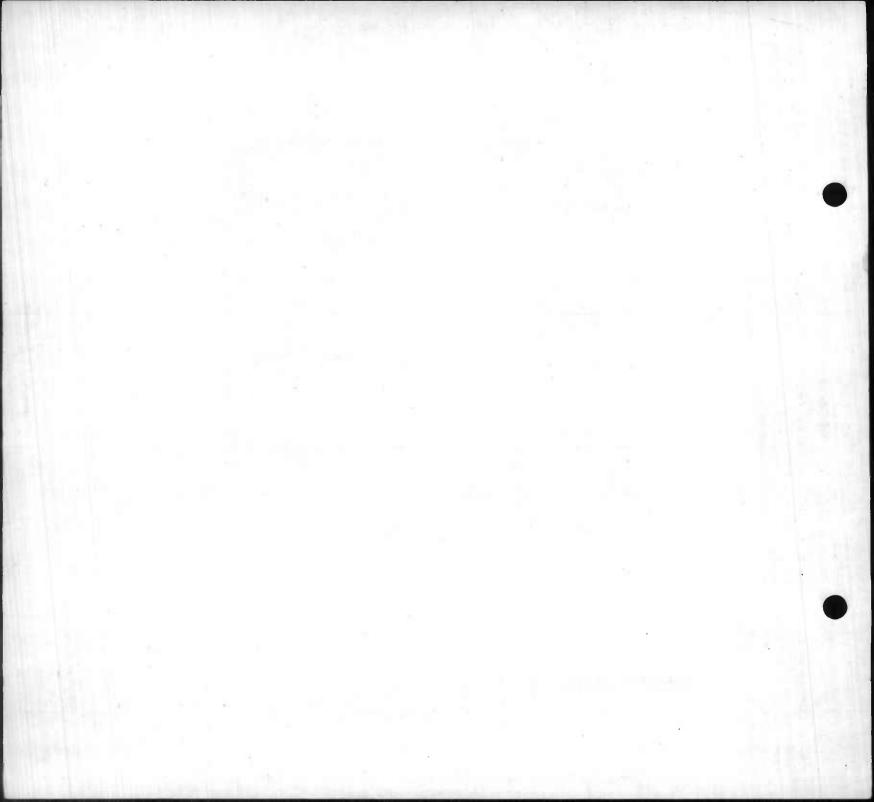
## death direct IMPORTANT assistant his Also, OF FUNERAL DIRECTOR: the chief medical examiner medical 0

2483 BALTIMORE CITY HEALTH DEPARTMENT Registered No. of death CERTIFICATE OF DEATH BIRTH NO. contributing cause of dearnstermined cause; (5) Deceased the Such and M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 30 (Type or Print) LO 3 hospital death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND DSUAL RESIDENCE (Where deceased lived, If institution; residence before admission) attendance B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN outside city limits, write RURAL and give township 40 INSTITUTION 0 = prior D. STREET ADDRESS (If rural, give location) occurred etermined is made. regular 5. SEX MARRIED, NEVER MARRIED. 9. AGE (In veois If Under 24 Hrs. If Under 1 Yr. lost birthdoy Months Doys eceased WIDOWED, DIVORCED (specify) Hours IGA USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY foreign country) 12. CITIZEN OF WHAT COUNTRY? final disposition done during most of working life, awas if retired = Unde ŏ MOS the 13. FATHERS NAME MOTHER'S MAIDEN NAME 4 death uo 5. Was Deceased Ever in U. S. Armed Forces kind; ADDRESS 6. SOCIAL SECURITY NO (Yes, no or unknown) (If yes, give wor or dates of service) 2108 Woodbo Avenue attendance Evelvn Klipper Overbeck Mrs no any pronounced CAUSE OF DEATH INTERVAL BETWEEN OL ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death,) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, (3) to the above cause (A) stating the physician obtained before the remains UNDERLYING CONDITION last. MOS burns; П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE No physician DISEASE OR CONDITION CAUSING IT. Body 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION the 19A. DATE OF OPERATION WAS PERFORMED 2TA. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (5) where (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF to the hospital MEDICAL DEATH (notify medical examiner) etc.) any nature; 21 D. TIME OF INJURY (Hour) (Month) (Doy) (Year) 21E INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 9 approved Not While (except While At (APPROX.) At Work Work and 22. I certify that (I) (this hospital) attended the deceased from pe that (1) (we) last sow the deceased alive on 19 ond that in (my) (aur) opinion death occurred on the date of death) hospita hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. released must An accident 23B. DATE SIGNED certificate must Attending Phys. Med. Stoff M.D. 0 Director L Phy s. written approval 0 23 C. PHYSICIA 23D. ADDRESS prior to NAME (T) Was M.D. 24A. BURTAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY eceased (Stote) the body o REMOVAL (Specify) shows: Ö 8 Buria 6 Loudon Park Baltimore Maryland Mas 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS & SONS TO VS 150-REV. 1/1/65

and the second second ST. THE PART WAS A · Sty JHad - H 10x18 00111 MAIN THINK 1 In Dungant gul MARTON MIST

1	525
OR: IMPORTANT	the hospital by a medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the and (6) No physician was in regular attendance on the obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

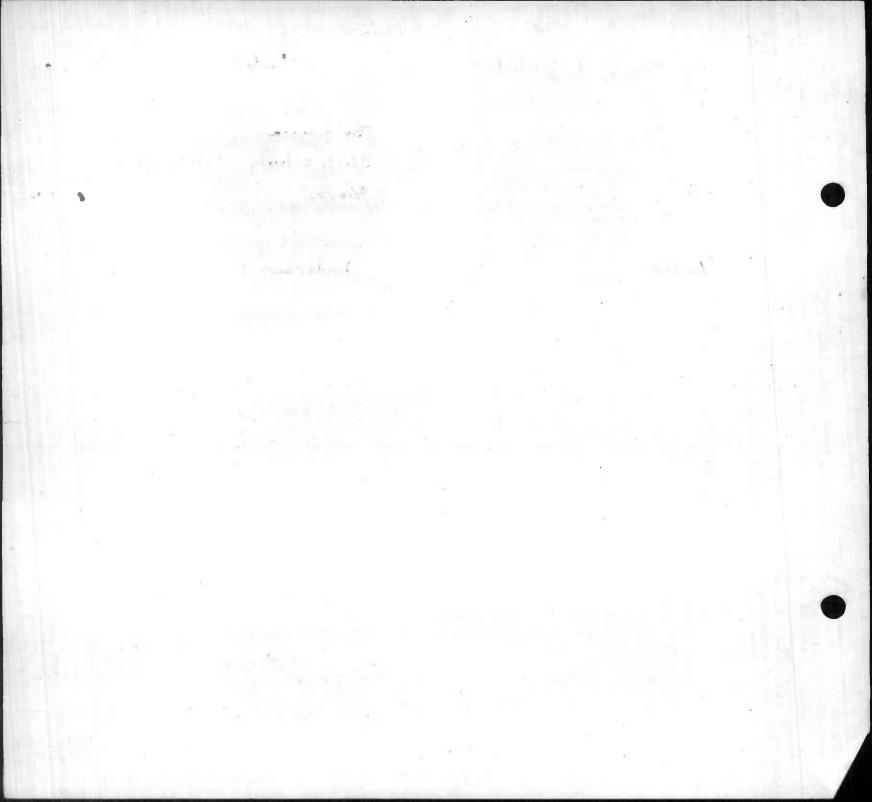
		0404 BALTIMORE CIT	Y HEALTH DEPARTMENT		65 2484 12
BIRT	TH NO. 65.04670 65	2484 CERTIFICA	ATE OF DEATH	Registered No.	00 2404 1
M.I	E. CASE NO.			D HOUR OF DEATH	1
(Typ	Baby of Co.	aldine Johnson	Febr	uary 26, :	1965  2: 40 a M.
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (When		institution: residence before odmissian)
	FULL NAME OF (If not in haspital or int	stitution, give street	Maryland	14-	12
- 1	HOSPITAL OR oddress or location) NSTITUTION Provident			side city limits, write	RURAL and give township)
1	1514 Divis	_	Baltimore		
		17, Maryland		rural, give lacation)	
5. 5		AARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	Male Negro	vidowed, DIVORCED (specify) single	February 25,	1965	Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of wark 108.  e during most of warking life, even if retired)  None	None	Mary Land	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
R	obert Johnson		Geraldine Jo	hnson	
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Te:	s,na arunknown) (If yes, give wor or dates af	service) SECURITY NO.	Geraldine Jo	hnson-mot	her 1704 Etting St
_	18. 7 / 7 8	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	LY	7 -	1	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying)	(A)	I mmahn	s hy	2-25-65:2-26-65
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) state UNDERLYING CONDITION (ast.		717/100007/1000		ialanum
ATION	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING TO THE			
ERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	Yes	20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	in ar about 21C. WHERE DID affice bldg., INJURY OCCUR?	(If in Baltime	are City, give exoct lacation)
<u>a</u>	21 D. TIME (Month) (Day) (Year) (He	aur 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME	(APPROX.)	While At Not Will Work At Work			
	22. I certify that (1) (this hospital) att	tended the deceased from	ebruary 25	19 65 to Feb	ruary 26 1965,
	that (I) (we) last sow the deceased al		26 19 65 and th	at in (my) (aur) a	
	and hour and from the causes stated a				
	23A, SIGNATURE				23B. DATE SIGNED
	M. ISch	M.D. A	ttending Med. Director	Stoff Phy s.	February 26, 1965
	23C. PHYSICIAN'S NAME (Type)	0	23D. ADDRESS		
	Manootchehr Be	hrooz M.E	1514 Division	n St. Bal	timore, Maryland
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C	REMATORY BUA 24D. L	OCATION A DAY	City, fowh, ar county) (State)
	MAR 2 N	965 TIMES	EDCITY MEDIC		
25/	A. DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	LI 25C. FUNERAL DIRECTOR	AL SCI	ADDRESS
	MAR 8 1965 (P. 0. 8- 8	Fra. C. who	MURTUAR	Y SERVICE	TE RCHA
VS	150-REV. 1/1/65	,			Y. 4 - 13 - 13 - 13 - 13 - 13 - 13 - 13 -



## FUNERAL DIRECTOR: IMPORTANT

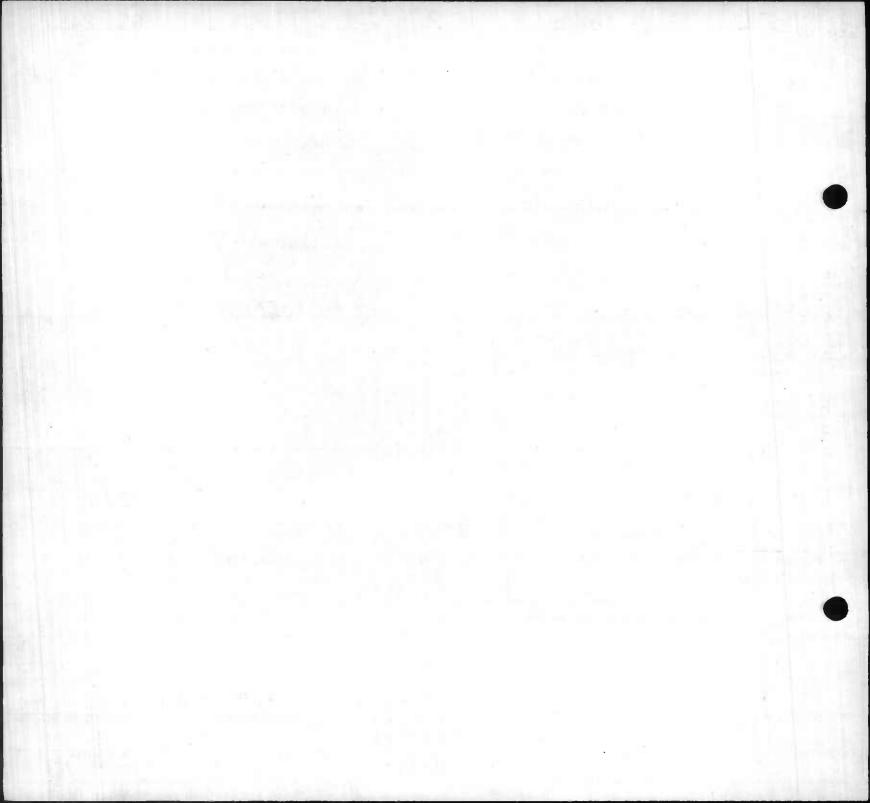
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FULL NAME OF HOSPITAL OR Oddress or location!  STATE  HOSPITAL OR ODD ODD ODD ODD ODD ODD ODD ODD ODD	RTMENT OF DADE 10
TYPE OF PRINT BALLY CITY SOLD CITY SOLD CITY SOLD CITY SOLD CITY OF PRINT BALLY CITY OF TON 18517 STATE  FULL NAME OF OF DEATH IN BALTIMORE, MARKLAND  S. PLACE OF DEATH IN BALTIMORE, MARKLAND  FULL NAME OF OF DEATH IN BALTIMORE, MARKLAND  S. SEK  OR RACE  TO AUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE done during most of working life, even if refired)  13. FATHERS NAME  L. H. L. H. L.	EATH Registered No. 65 2485 4
3. FLACE OF DEATH IN BALTIMORE, MARTIAND  FULL NAME OF MOSPITAL OR Oddress or location)  FULL NAME OF MOSPITAL OR Oddress or location  INSTITUTION  S. SEX  ORACE  TO A USUAL OCCUPATION (Give kind of work) (DB. KIND OF BUSINESS OR INDUSTRY II). BIRTHPLACE done during most of working life, even if retired)  13. FATHERS NAME  14. MOTHERS NAME  15. Was Decosed Even in U. S. Armed Forces?  15. Was Decosed Even in U. S. Armed Forces?  16. SOCIAL  17. INFORMANT (Tree, no or unknown) (If yes, give wor or deless of service)  18. DISASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foliure, asthema, etc. It means the disease, injury or complication which coused death.)  18. DISEASE OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION SOLUTION.  19. ANTECEDENT CAUSES  DISEASES OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION CAUSING IT.  19. ADATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPS WAS PERFORMED  OR CONTRIBUTING AND 198. CONDITION FOR WHICH OPERATION 21. AUTOPS WAS PERFORMED  21. ACCIDENT WAS UNDERLYING Home, torm, foctory, street, office bidg, INJURY (A, PROX.)  21. THE CONTRIBUTION CONTRIBUTION OF LATTH BUT OF CURRED OF INJURY (e.g., in or obout) 21. Home, torm, foctory, street, office bidg, INJURY (A, PROX.)  22. I certify that (I) (this hospital) attended the deceased from 19. Or CONTRIBUTION ON ALTER STANDARD (Type) 19. Auther of the deceased from 19. Or CONTRIBUTION ON ALTER STANDARD (Type) 19. Auther of the deceased from 19. Physicians NAME (Type) 23. ADDRESS NAME (Type) 23.	2. DATE AND HOUR OF DEATH
S. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF MOSSITAL OR (If not in hospitel or institution, give street oddress or location)  FULL NAME OF MOSSITAL OR (If not in hospitel or institution, give street oddress or location)  S. SEX	2/16/65   6: 30p.M.
FULL NAME OF HOSPITAL OR INSTITUTION  JOSTITAL	DENCE (Where deceased lived. If institution: residence before admission)  B. COUNTY
HOSPITAL OR INSTITUTION  JULY OR TOWN  STREET ADD  S. SEX  O. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY  113. FATHERS NAME  12. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  13. FATHERS NAME  14. MOTHERS A  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH  This does not meen the mode of dying, e.g., heart foliure, asthenic, etc. II means the disease, injury or complication which coused deoth.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION COUNTS of THE DISEASE OR CONDITION CAUSING IT.  19. A. DATE OF OPERATION 198. CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19. A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  OTHER SIGNIFICANT CONDITION 198. CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19. A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20. AUTOPS WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examined etc.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While AI Work  AI Work  AI Work  AI MORRIED. NEVER MARRIED  C. CITY OR 10.  2	1/-30
D. STREET ADD   D. STREET AD	WN (If outside city limits, write RURAL and give township)
3613	noie
WIDOWED, DIVORCED (specify)   2/16/85   10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE done during most of working life, even if retired)   13. FATHERS NAME   14. MOTHER'S NAME   14. MOTHER'S NAME   15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL SECURITY NO.   17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service)   16. SOCIAL SECURITY NO.   17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service)   16. SOCIAL SECURITY NO.   17. INFORMANT (This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. If meens the disease, injury or complication which coused deoth.)   ANTECEDENT CAUSES   DUE TO   DUE T	
WIDOWED, DIVORCED (specify)   2/16/105   10. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE done during most of working life, even if retired)   13. FATHERS NAME   14. MOTHER'S NAME   14. MOTHER'S NAME   15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service)   16. SOCIAL   17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service)   16. SOCIAL   17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service)   16. SOCIAL   17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service)   16. SOCIAL   17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service)   16. SOCIAL   17. INFORMANT (A)   17. INFORMANT (A)   18. CAUSE OF DEATH   18. DISEASE OR CONDITION DIRECTLY   18. DISEASE OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION   18. CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OR THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OR THE DEATH WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (Notify medical examined)   218. PLACE OF INJURY (e.g., in or obout 21C. W home, form, foctory, street, office bldg. INJURY (APPROX.)   219. That (Month) (Doy) (Year) (Hour)   218. INJURY OCCURRED   219. HOW OR CONTRIBUTING CAUSE OF DEATH (Notify medical examined)   219. That (I) (we) last saw the deceased alive on	Liberty Hights Ave
10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE done during most of working life, even if retired)  13. FATHERS NAME  14. MOTHERS NAME  15. Was Deceased Ever in U. S. Armed Forces?  15. Was Deceased Ever in U. S. Armed Forces?  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  17. INFORMANT (Yes, no or unknown) (Iff yes, give wor or dotes of service)  18. OLE TO LEADING TO DEATH  (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION TO RELATED TO THE DISEASE OR CONDITION CAUSE OF DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSE OF WAS PERFORMED  19. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPS WAS PERFORMED  21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout) 21C. While AI (In) (In) (In) (In) (In) (In) (In) (In	(H 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
13. FATHER'S NAME	1 40min
13. FATHERS NAME    14. MOTHERS A   15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT     18.	
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   17. INFORMANT   18.	WHAI COUNTRY
15. Was Decessed Ever in U. S. Armed Forces?   16. SOCIAL SECURITY NO.   17. INFORMANT Yes, no or unknown of yes, give wor or dates of service)   16. SOCIAL SECURITY NO.   17. INFORMANT Yes, no or unknown of yes, give wor or dates of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   18.	MAIDEN NAME
Tes, no or unknown) (If yes, give wor or dotes of service)  18. 7	
Tes, no or unknown) (If yes, give wor or dotes of service)    Test	esson, Lillie Address
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the made of dying, e.g., heart foilure, asthenia, etc. If meens the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION fost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY (e.g., in or about 21C, whome, form, foctory, street, office bidg., [NJURY (APPROX.)]  22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive on and hour and fram the causes stated above. (I) (We) (did) (did nat) view the body a 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the made of dying, e.g., heart foilure, asthenia, etc. If means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION fost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY (e.g., in or about 21C, whome, form, foctory, street, office bidg., [N] URY (APPROX.)  22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive on and hour and fram the causes stated above. (I) (We) (did) (did nat) view the body a 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	
Canal   Cana	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dying, e.g., heart foilure, asthenia, etc., it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION fost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY (e.g., in or about) 21C, While At Work  21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED While At Work  22A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	2 / 1 24 24
heort foilure, asthenia, etc. II means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIBUTI	3rd Hypoxla
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION fost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING home, form, foctory, street, office bidg., INJURY (a.g., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, street, office bidg., INJURY (a.p., in or obout 21C. W. home, form, foctory, form, form	)
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION fost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED while At Work At	remakere M'
TISE TO THE above cause (A) stating the UNDERLYING CONDITION lost.    Continue	21-0-71
UNDERLYING CONDITION lost.    Contact   Contac	alf Confence
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME OF INJURY (APPROX.)  21D. TIME OF INJUR	nalis.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME OF INJURY (APPROX.)  21D. TIME OF INJUR	
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HC  While At   Not While   At Work  22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive on   19   23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  20A. AUTOPS  WHICH OPERATION  21B. PLACE OF INJURY (e.g., in or about 21C. W. home, form, foctory, street, office bldg., INJURY occurrent to the deceased from   19   19   19   19   19   19   19   1	
21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF   CONTRIBUTING   CAUSE OF   DEATH (notify medical examines)   21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   While At   Work   Not While   At Work   At	
21 A. ACCIDENT WAS UNDERLYING   PACONTRIBUTING   CAUSE OF DEATH (notify medical examines)   21B. PLACE OF INJURY (e.g., in or about 21C. Whome, form, factory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, form, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, foctory, street, office bidg., INJURY (e.g., in or about 21C. Whome, foctory, street, office bidg., INJURY (e.g., in office bidg., INJURY (e.g., in or about 21C. Whome, foctory, stree	Y? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  DEATH (notify medical examines)  DEATH (notify medical examines)  DEATH (notify medical examines)  OF INJURY (APPROX.)  21D. TIME (Month) (Doy) (Year) (Hour)  While At Not While At Work  At Work  22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive on 19 and hour and fram the causes stated above. (I) (We) (did) (did nat) view the body a 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	
DEATH (notify medical examines)  21D. TIME (Month) (Day) (Year) (Hous)  21E. INJURY OCCURRED  White At Work  22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on 19  and hour and from the causes stated above. (I) (We) (did) (did nat) view the body a 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	HERE DID (If in Boltimore City, give exact location) OCCUR?
OF INJURY (APPROX.)  While At Work  22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on 19 and hour and from the causes stated obave. (I) (We) (did) (did nat) view the body a 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	
22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive on	OW DID INJURY OCCUR?
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on 19 and hour and from the causes stated above. (I) (We) (did) (did nat) view the body a 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	
and hour and fram the causes stated abave. (I) (We) (did) (did nat) view the body a  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	1965 10 2/1/15 19
and hour and fram the causes stated obave. (1) (We) (did) (did nat) view the body a  23A. SIGNATURE  Attending Phys.  23C. PHYSICIAN'S NAME (Type)	N(, -3 0-1, 1-1, 65
23A. SIGNATURE  M.D. Attending No. Attending No. Phys. 23D. ADDRESS  23C. PHYSICIAN'S NAME (Type)	ond that in(my) (our) apinian death accurred on the dote
23C. PHYSICIAN'S NAME (Type)  Attending No Phys. 23D. Address	
23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	Aed. Sloff Soft
NAME (Type)	Phys.
MOKHTAR MILANI	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CREMATORY	24D LOCATION   ICity, lown, of county) (Stote)
MAR 2 1965	
	DIRECTOR DICAL SCHOOL ADDRESS
MAR 8 1985 Challe E. March	TILADIV CEDIVICE DOWN
VS 150-REV. 1/1/65	THANK SEKAICE BORD
PAA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY A CREMATORY Y 1965	V MEDICAL SCHOOL



	0	0	ì
	£	U	•
	=		_
	0	0	ì
	0	-	
		t	į
_	*=	0	=
-	+	-	
Z		0	_
1	0		
-	ts	9	
		÷	
•	S		
0	•	*=	
0	S		
	- =	0	•
2	_	S	
	-	4	
		-	
	0	Ľ	
04	ě	0	ľ
0	•=		
_	Ε	-=	
5	- 53		
~	×	0	1
ш	0	×	1
04	-	0	-
	0	-	
	. 5	0	
	0	ij.	
	0	70	
4	Ε	0	
2	-	Ε	
ш	0		
7	-=	O	
	-	-	1
2	1	6	
FUNERAL DIRECTOR: IMPORTANT	5		-
	oved by the chief medical examiner or his assistant if death o	=	
	>	+	
	9		
	_	S	
	O	0	•
	2	7	
	6	4	

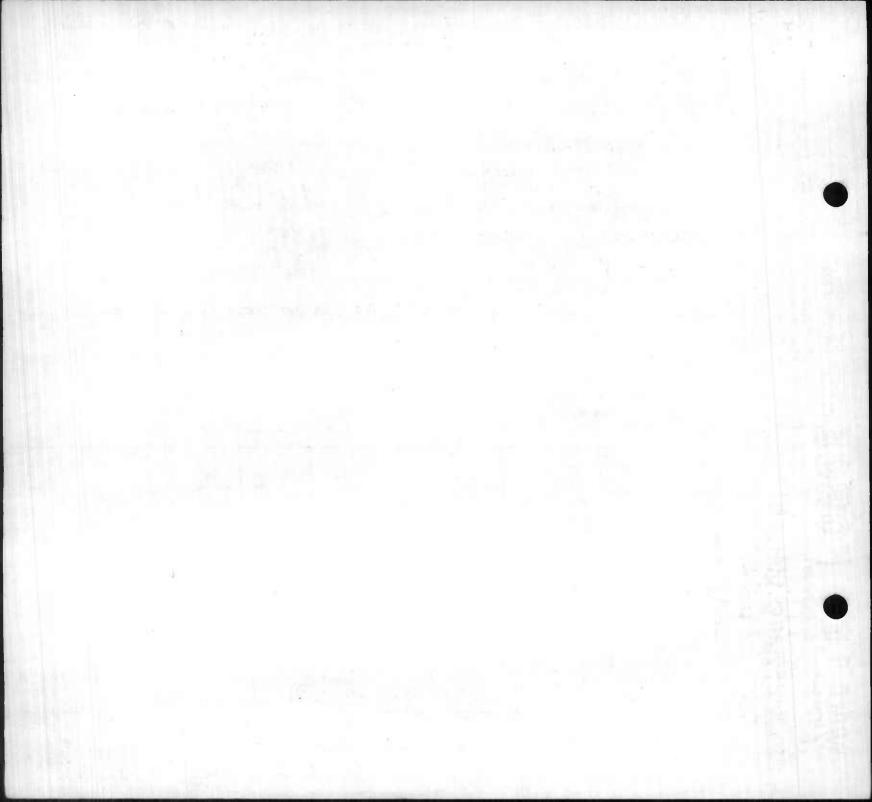
3. FLACE OF DEATH IN BALTIMORE MARKLAND  3. FLACE OF DEATH IN BALTIMORE MARKLAND  FULL NAME OF (If not in hospited or institution, give street HOSPITAL OR address or location)  INSTITUTION  5. SEX  6. RACE  7. MARRIED, NEVER MARRIED MIDOWED, DIVOKED (specify)  10. JUJUAL OCCUPATION (Give kind of work) IOB, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPEACE (State or loceign country)  11. FATHERS NAME  12. FATHERS NAME  13. FATHERS NAME  14. MOTHERS MAIDEN NAME  15. Was Deceased Eve in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  18. OF DEATH  This does not mean the mode of dying, 4.0, host failure, collemn, inc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITION ISL.  18. OF DEATH  This does not mean the mode of dying, 4.0, host failure, collemn, inc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITION ISL.  19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19. ADATE OF OPERATION  10. STREET ADDRESS  11. Under 1 Yr. III U.  19. ADATE OF OPERATION  19. AD	PM. e odmission)  ip) GaTE  g nder 24 Hrs. s Min.
1. NAME OF DECEASED Type of Printing Type of Printing Type of Printing Type of Type of Printing Type of Printing Type of Type of Printing Type of Type of Printing Type of T	PM. e odmission)  ip) GaTE  g nder 24 Hrs. s Min.
HOSPITAL OR INSTITUTION  CONTRIBUTION  CONTR	GaTE 6
S. SEX  6. RACE  7. MARRIED, NEVER MARRIED  WIDOWED, DIVORCED (specify)  103. USUAL OCCUPATION (Give kind of work lob. K	Min.
WIDOWED, DIVORCED (specify)  WIDOWED, DIVORCE	Min.
done during-most of working life, even if refired)  RELICIDO 3  13. FATHERS NAME  14. MOTHER'S MAIDEN NAME  15. Was Deceased Ever in U. S. Armed Forces?  17. INFORMANT  ADDRESS  18. CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last.  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING!  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING!  19. ADATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  WHAT COUNTRY:  WHAT COUNTRY:  WHAT COUNTRY:  WHAT COUNTRY:  WHAT COUNTRY:  14. MOTHER'S MAIDEN NAME  17. INFORMANT  ADDRESS  17. INFORMANT  ADDRESS  18. CAUSE OF DEATH  INTERVAL BETON CAUSES  DUE TO  CAUSE OF DEATH  INTERVAL BETON CAUSING  DUE TO  DISEASE OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION CAUSING!  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING!  19. CAUSE OF DEATH  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING!  19. CONSTITUTION CAUSING!  10. CERTIFFING CAUSES OF DEATH?	?
15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown)   16. SOCIAL SECURITY NO.  21. Manning - Manning - Matter College  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise tall the abave cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
SECURITY NO.  NO  SECURITY NO.  SECURITY NO.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  CAUSE OF DEATH  ONSET AND  (A) Browcellangeuric Caracium Causium Cau	-
injuly of camplication which caused death.)  ANTECEDENT CAUSES  DUE TO  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  20A. AUTOPSY? (Yes of No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	DEATH
injuly of camplication which caused death.)  ANTECEDENT CAUSES  DUE TO  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  (B)  Congrative Heart Jailan 3  OUE TO  DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  20A. AUTOPSY? (Yes of No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	Z lost
rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.    OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.    OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONTRIBUTING CAUSING IT.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITIONS CONTRIBUTIONS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	-A-A-B 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
W C	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in at about 21C. WHERE DID home, form, foctory, street, affice bldg., fNJURY OCCUR?	on)
21D. TIME (Month) (Doy) (Year) (Haur) 21E, INJURY OCCURRED While AI Work AI Work 21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attended the deceased from Feb. 7. 19 65 to 2000 3. That (I) (we) last sow the deceased alive on 2000 3. 19 65 and that in (my) (our) opinion death occurred and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.	
23A. SIGNATURE  23B. DATE SIGNED	
23C. PHYSICIAN'S NAME (Type)  FRANCISCO BALTAZAR, JE. M.D. 2075 W. Fryth St Color, M.D.	an the date
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) Beyond (Specify) 3-6-65 A. Osley Cem. Balleman, Fred.	an the date
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MAR 8 1965 Registrar January Junear Home-Catorwells VS 150-REV. 1/1/65	



-
5
2
2
MPORTANT
٩
Σ
-
••
CTOR
2
U
EC
IREC
DIRECTOR
DIRE
FUNERAL DIREC

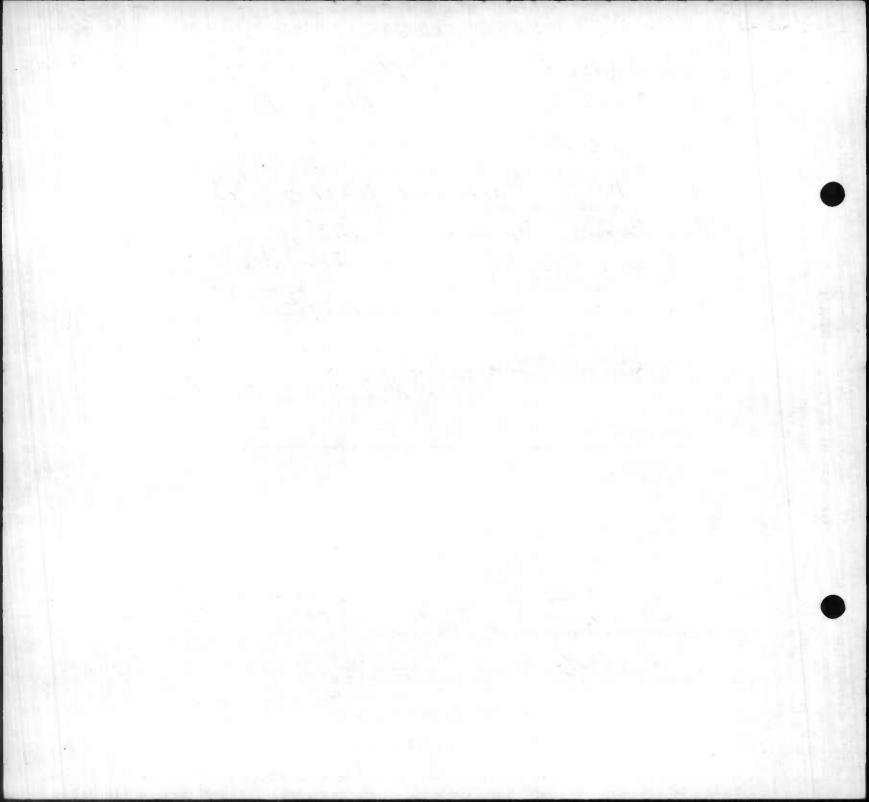
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		() ((())**1		BALTIMORE CITY	HEALTH DEPARTMENT		CE 0 4011	
	н но. 65	2487		CERTIFICA	TE OF DEATH	Registered No.	65 2487	
M.E	AME OF DECEAS	SED			2 DATE A	ND HOUR OF DEATH		
			100	PIETT		-5-65	1 6 3 d 11 M	
3. F	LACE OF DEATH	IN A JANE	RYLAND	1011			institution: residence before admission)	
Ш					A. STATE B. COU		n. ota	
F	OSPITAL OR	(If not in hospital oddross or location		give streel	Md. BALTIMORE  C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
1	NSTITUTION	SITY HOSPIT	AL.		2	- 21/	4 >1	
X	WINTER	siry of di	ARVIBNO		D. STREET ADDRESS (	f jurol, give location)	00 00	
	UNIVER	sire or mi	AV A COLOR		9308 SIMA	15 ROAD		
5. S	EX 6.	RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours: Min.	
	F	N	WIDOWEL	S. DIVORCED (specify,	3-1-04	61		
			10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	roign country)	12. CITIZEN OF WHAT COUNTRY?	
don		king life, even if retired)	C .		MADWINAIA		450	
13,	Supersi FATHERS NAME	ser	vater	ing Business	14. MOTHER'S MAIDEN NA	AME		
		10 st 7	-0		2			
_		1584 ZEN		10	I	Unknown		
15. (Yes	Wos Deceased Ev s, no or unknown) (If	er in U. S. Armed For yes, give wer or dete	ces? s of sorvico)	SECURITY NO.	17. INFORMANT		ADDRESS	
	No			215-22-0370	Mrs Anna Mae T	homas 9308	Simms Road #31	
	18.422	141 26	OX	CAUSE O			INTERVAL BETWEEN	
	1000	OR CONDITION DI	RECTLY	1	4 11 101	1/1.	ONSET AND DEATH	
		ADING TO DEATH		(A) HC	ite dyocadial	Infaction	~ 24 hus.	
		meon the mode of thenia, etc. It meons		DUE TO	, , ,	1 -		
		colion which coused		1.to	inschaff the	Disease		
	AN	TECEDENT CAUSES		(B) /V/C	no curric years			
	DISEASES OR	CONDITIONS, il	ony, giving					
		obove couse (A)	stating the	(C)	www.w.w.w.w.w.w.	0 0 0 de sarrie (0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	**************************************	
	ONDERENITO (	an last						
z	OTHER SIGNIFICANT CONDITIONS CONTRIBITING							
ATIO	TO THE DEATH BUT NOT RELATED TO THE DISABLES MULTING TO THE DISABLE OR CONDITION CAUSING IT.							
0	19A. DATE OF O	PERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or h	10) 20B. IF YES, WERE	FINDINGS CONSIDERED	
CERTIFIC	2	WAS PER	FORMED		Ves	IN CERTIFIING C.	AUSES OF DEATH?	
O.	21 A. ACCIDENT	WAS UNDERLYING	218	PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If in Boltimo	oto City, give exect location)	
A	DEATH (notify m		etc.		mice bidg., INJOKI OCCOK:			
DIC	21 D. TIME (A	Aonth) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
MEDI	(APPROX.)			ile At Not Whil				
			Wo					
	22. I certify the	ot (1) (this hospital	l) attended t		3 - 4	.19 <u>6</u> 2 to	3-3-19.6.	
	that (I) (we) lo	st sow the deceose	d alive an	3.5	19ond 1	that In (my) (our) or	olnion death occurred on the date	
	and hour and fi	rom the couses sta	red above. (	1) (We) (did) (did not) v	riew the body after death			
	23A. SIGNATURE	11 1 0	1/				23 B. DATE SIGNED	
	Med	al (7. 8	A Rues	M.D. Atto	s. Med. Director	Stoff Phys.	3-5-65	
	23C. PHYSICIAN'S		1		23D. ADDRESS	3	, ,	
	NAME (Type	M		M.D.	MinistersITY	HOSPITAL 1	Unia of M.	
244	REMOVAL (Spe	ATION, 24B DATE	24C. N	AME of CEMETERY OF CRI	EMATORY 24D.	LOCATION (	City, town, or county) (Stote)	
	Burial	3-5-19	65 11	and Manual a	C R	altimore,	neld	
25 A	. DATE REC'D BY		258. NAME	reland Meorial	250. TONERAL DIRECTO	OR CAMIOL C.	ADDRESS	
	KALA	P 8 1965	P. D. Fr	E. starkey !!	1 2 0 7 4 ·	1 011	544 8 (36)	
I L	150-REV. 1/1/45	V G 1909 (	TOOMY.		Jassahntu	meral Home	74 SI Delan Kory	

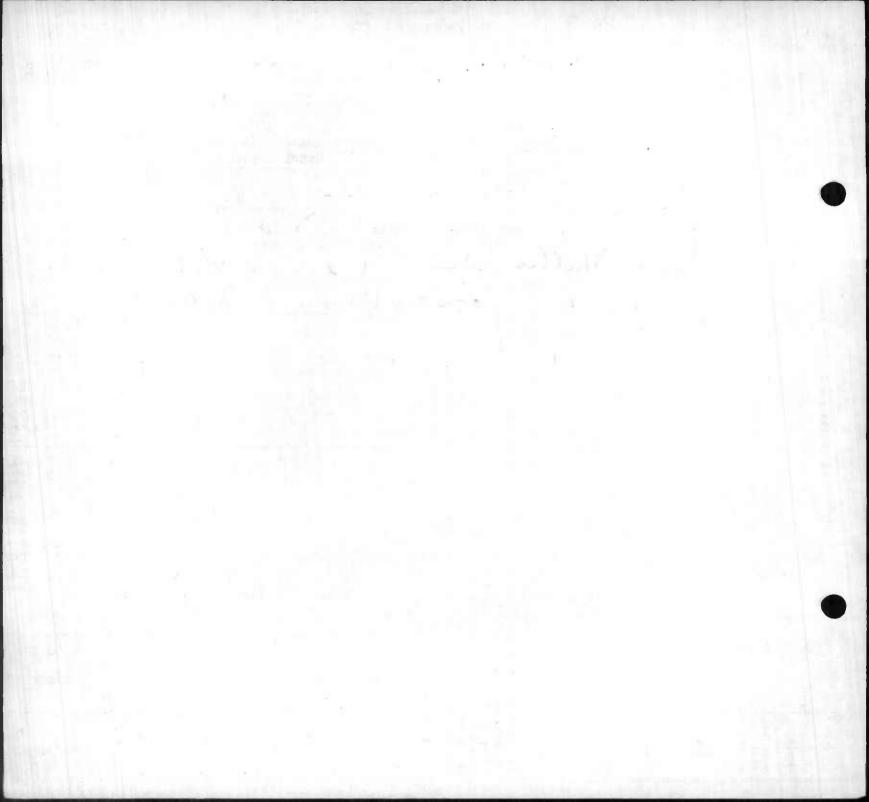


## This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, FUNERAL DIRECTOR: IMPORTANT

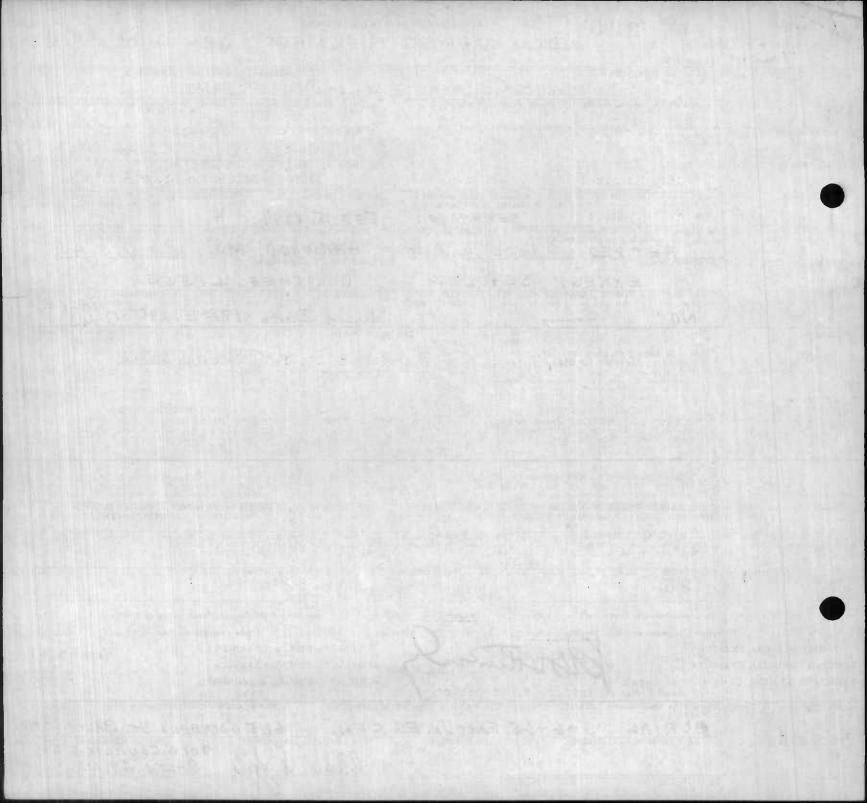
0.400	BALTIMORE CITY	HEALTH DEPARTMEN		65 0300
BIRTH NO. 65 2488 M.E. CASE NO.	CERTIFICA	TE OF DEATI	Registered Na.	00 2488
1. NAME OF DECEASED (Type or Print) e SIMAN Bilso	N Clay;	lon 3/	AND HOUR OF DEATH	16:45
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (	Where deceased lived. If in	stitution; residence before admi
FULL NAME OF (II not in hospital or instilution,	give street	Mol	Howard	
HOSPITAL OR oddress or location)		m /	f outside city limits, write I	
11. (n. 1		D. STREET ADDRESS	(If rurol, give location)	1d 6300
Univ of Md.		Glenwood M		
5. SEX   6. RACE / 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24
M W WIDOWE	D. DIVORCED (specify)	10/28/04	lost birthdoy)	Months Days Hours M
10A, USUAL OCCUPATION (Give kind of work 10 B, KIND Of		11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
TARM MANAGER FARI	uzn6	1101		11.54
13. FATHERS NAME		14. MOTHER'S MAIDEN	NAME	161.00
Robert Clay-ton		SENZ	MAST	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	rude I Clayton	ADDRESS
NO No	219-30-0754	Wite	rude i Claytor	Ame
18. 420, 1	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		111	- /	ONSET AND DEATH
LEADING TO DEATH	(A)/	MypeARDIR	12 Infares	hours
(This does not mean the mode of dying, e.g., heart failure, ostherio, etc. It means the disease,	DUE 10	, , ,	· Heart dis	
injury or complication which caused death.)  ANTECEDENT CAUSES	(B) H	terrosclero fi	· Heart dis	uears
DISEASES OR CONDITIONS, if any, giving	202 10			/
rise to the above couse (A) staling the				· · · · · · · · · · · · · · · · · · ·
UNDERLYING CONDITION Iasi.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	G HE			
DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 208, IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF CEATH (notify medical examiner)	R. PLACE OF INJURY (e.g., ine, form, loctory, street, o.)	n or obout 21 C. WHERE DI	D (If in Boltimore	City, give exact location)
O 21D TIME (Month) (Doy) (Yeor) (Hour) 21E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY (APPROX.)	nile AI Not While	e		/ /
22. I certify that (I) (this hospital) attended t		3/4/60- 450/	1 1965 to 3/	9/65 6 106
that (M(we)) lost saw the deceased alive an	3/4/65	1		nion death accurred an the
and haur and from the couses stated above.	(We) (did) (did not)			
23A. SIGNATURE		,		23B. DATE SIGNED
I. Frank Harthan	II M.D. Atte	ending Med.	Stoll Phys.	3/4/65
23C. PHYSICIAN'S				11
MANAE (Tues)	///	23D. ADDRESS	/	
NAME (Type)	M.D.	23D. ADDRESS	of Md.	HOID
NAME (Type)  24A. BURIAL CREMATION,  24B. DATE    24C.N		Univ	of Md.	ty, town, or county) (Sh
NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C.N REMOVAL (Specify)	M.D.	UNIV EMATORY 24	4	ly, town, or county) (Sh
NAME (Type)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial  3-6-1965 For 25A. DATE REC'D BY HEALTH DEPT.  25B. NAME	M.D.	UNIV EMATORY 24	4	ADDRESS
NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE  24C.N	M.D.	UNIV EMATORY 24	4	Md.



		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 2 M.E. CASE NO.	489	CERTIFICA	TE OF DEATH X	legistered No	65 2489
(Type or Print)	ller, Charles	B.	3-4-65	OUR OF DEATH	7:05 p.
3. PLACE OF DEATH IN BA	LTIMORE, MARYLAND		4. USUAL RESIDENCE (Where dec		tion: residence before admission)
	not in hospital or instituti ress or location)	on, give street		city limits, write RURA	AL and give township)
St. Agne	s Hospital			give location	SDOWNE
5. SEX 6. RACE	WIDO	IED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AG	3E (In years If Ma	Under 1 Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (Code during most of working life,	live kind of work 108, KIND	ever married of Business or Industry	11. BIRTHPLACE (State or foreign co	2 (12 (12 (12 (12 (12 (12 (12 (12 (12 (1	P. CITIZEN OF WHAT COUNTRY?
foreman	Reve	re Copper & Bras		-	71. S. A
13. FATHER'S NAME	Vhillen	Su	14. MOTHER'S MAIDEN NAME	Lohn	miller
15. Wos Deceased Ever in U. (Yes, no or unknown) (If yes, gi	ve wor or dotes of servi	SECURITY NO.	17. INFORMANT	m 001.	ADDRESS
13.4 20 1 V	1960X	CAUSE 0	F DEATH	many	INTERVAL BETWEEN
	NDITION DIRECTLY		4	0 -	ONSET AND DEATH
(This does not mean			orang three	nlosis	
heart failure, osthenio,		ase,	f. V 0.	CVD	
ANTECEDI	ENT CAUSES	(B) // DUE TO	Moseurove	CVD	#*************************************
DISEASES OR COND	cause (A) stating				
	II		2 1		
OTHER SIGNIFICANT C TO THE DEATH BU DISEASE OR CONDITIO	T NOT RELATED TO	TING THE Du	abetes mellet	tuo	
19A. DATE OF OPERATION	N 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B.	LIF YES, WERE FIND CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
OR CONTRIBUTING C	AUSE OF	21B. PLACE OF INJURY (e.g., inhome, form, loctory, street, of etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore City	y, give exact locotion)
21 D. TIME (Month)  OF INJURY (APPROX.)	(Doy) (Yeor) (Hour)	21E. INJURY OCCURED  While At Not While Work At Work		D C C U R?	
22. I certify that (I) (	this hospital) attende		2/11/ 11/8	to	3/4 19 05
that (I) (we) last sow		>/1/			deoth occurred on the dot
	couses stoted above	o. (1) (We) (did) (dld nat) v	lew the body ofter deoth.		
23A, SIGNATURE	I Leni	M.D. Atte	ending Med. Stoff Phys.		DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	4. 1 Lec	lickas M.D.	5305 East	Drive	
24A. BURIAL CREMATION. REMOVAL (Specily)	24B. DATE   240	C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCAT	TON (City, to	own, or county) (State)
Burial	3/8/65	new Cathedr		ald Fred	erick-live
MAR 8	1965 P. C.	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	0. 6	200 Ess St
VS 150-REV. 1/1/65	1900 MOSS	(A - 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	from y bowgs	1 + sou Th	ne. Holling

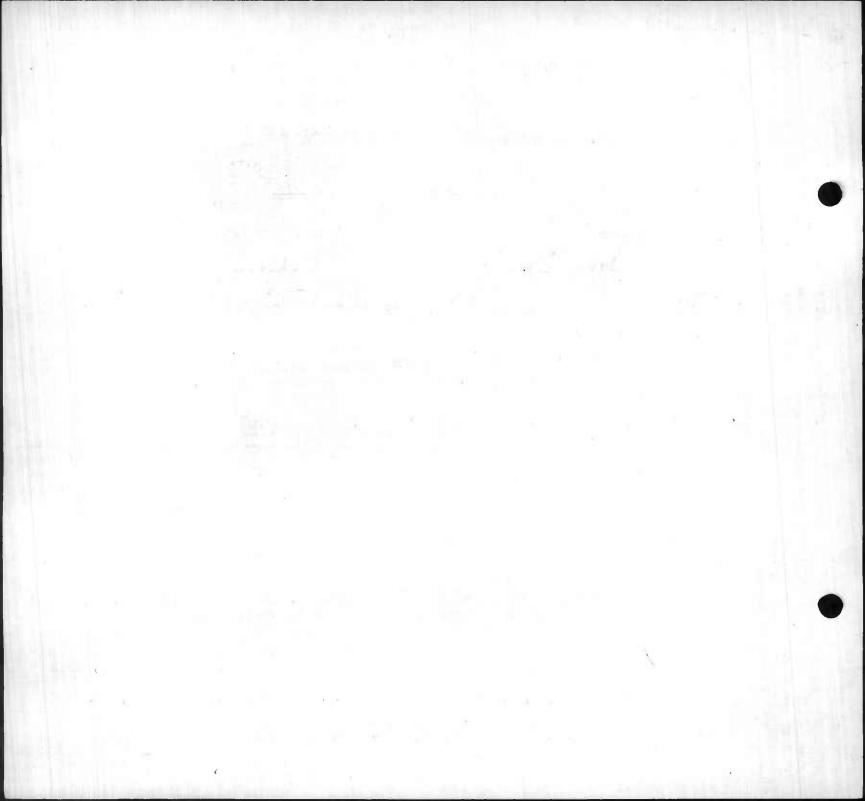


1	65 2490 BALTIMORE CITY HEALTH DEPARTMENT 65 2490						
5.432	BIRTH NO.  MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 2490  M.E. CASE NO.						
	1. NAME OF DECEASED (Type or Print)  KARL SCHULTZ (KARL B, SCHULTZ.)  March 2, 1965  10:30 p. M.						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION  Baltimore  Maryland  C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)  Baltimore						
31	D. STREET ADDRESS (If rurel, give lacation)						
	City Hospital  3308 E. Baltimore St. #24  5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors   If Under 1 Yr. If Under 24 Hrs.						
	male white   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In yeors   If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours, Min.   66						
	10A. USUAL OCCUPATION (Give kind of wark 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?						
	RETIRED FUEL CIL DIST HARWOOD, MD. U.S.A.						
	ERNEST SCHULTZ DOROTHER LAESER						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL  17. INFORMANT  ADDRESS  PAITO						
	NO JULIA LORN 1713 E. 2915T, MD.						
	ONSET AND DEATH						
	Olsease OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying e.g.,  (A)  DUE TO						
	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)						
	ANTECENDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO						
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
	OTHER SIGNIFICANT CONTRIBUTING OTHER DEATH BUT NOT BELATED TO THE						
	L DISEASE OR CONTINUOU CALIFORNIA IT						
	196. CONDITION CAUSING IT.  197. Date of Operation 198. Condition for which Operation 208. Autopsy? (Yes of No.) 208. If Yes, were findings considered in Certifying Causes of Death?						
	✓ 21A. EXTERNAL CAUSE WAS     O UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.    CAUSE OF DEATH.   CAUSE OF DEATH.						
	Z 21D TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK						
	22.   Certify that I held an Inquiry   Inspection   Autapsy   and that an this basis, death in my aplaian						
	resulted fram: Natural causes Accident Juicide Homicide Undetermined manner						
	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED						
	SIGNATURE EXAMINER'S NAME (Type)  Rudiger Breitenecker  ASSOCIATE MEDICAL EXAMINER  3=3=65						
	23A, BURIAL CREMATION, 23B. DATE 23C. NAME at CEMETERY or CREMATORY 23D. LOCATION (City, tawn, or county) (State)						
	BURIAL 3-6-65, FIRST UNI EV. CEM, GISODONNELL ST. BALTO, 24. MD.						
	MAR 8 1965 Report Standard Charles & Standard Charles & Standard BALTO, 24, MD.						
	VS 151-PEV 1/1/65						



	FUNERAL DIRECTOR: IMPORTANT	RECTOR:	IMPORTAN		7	2
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	by the chief medical spital by a medical	l examiner o	r his assistan Nso, if the di	if death occur rect or contrib	red in a hospit uting cause of	al and death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ture; (2) Body burns;	(3) A fracture	of any kind;	(4) Undetermin	ed cause; (5) De	codsed
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	5) No physician was	in regular a	ttendance on	the deceased	prior to death	Sucho
written approval must be obtained before the remains are embalmed or final disposition is made.	ed before the remain	s are embain	ned or final d	isposition is ma	4.0	

	OF	2491		BALTIMORE CIT	Y HEALTH DEPARTMENT		CE S'ADA	
BIRTH	Gd .on I	2401		CERTIFICA	TE OF DEATH	Registered No	65 2491	
M.E.	CASE NO.	EASED		CERTITIO		D HOUR OF DEAT	ч	
Туре	or Print)	Gosper,		CGostoms	March March	3, 1965	2:05 P.M.	
3. PL	ACE OF DEA	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (When		institution: residence before admission)	
FL	JLL NAME O	F (If not in hospital	or institution.	give street	Maryland / 0			
H	OSPITAL OR	address or location				side city limits, with	e RURAL and give township)	
1		St. Josep	h Hooni	to 1	Baltimore 2120			
		oc. 008eb	II MOSPI	Cal	D. STREET ADDRESS (If rural, give location)			
					2802 Ashland A			
Fe Fe	male	6. RACE White	WIDOWED	NEVER MARRIED D. DIVORCED (specify)  Married	July 31, 1886	9. AGE (In years lost birthdoy) 79	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
		UPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
done		emaker			Baltimore, Mary	land	USA	
13. F	ATHER'S NA				14. MOTHER'S MAIDEN NAM		377.	
		John Z	CANTO	3	Unknow	VH		
15. W (Yes,	os Deceased	Ever in U. S. Armed For	ces? is of service!	SECURITY NO.	17. INFORMANT		ADDRESS	
	no			219-03-2728	Hlbert Dana	DER 4701	Parkside VRIVE	
1	B. 11 11	3 11			OF DEATH		INTERVAL BETWEEN	
	DISEAS	SE OR CONDITION DI	RECTLY				ONSET AND DEATH	
		LEADING TO DEATH			pertensive cardi			
	(This does r heart failuse.	nat mean the made af asthenia, etc. It means	dying, e.g., the disease.	DOCUMENT OF	lisease; massive	subacute		
	injury or con	nplication which caused	death.)		right pulmonary	embolus.		
		ANTECEDENT CAUSES		DUE TO				
		OR CONDITIONS, if						
		e abave cause (A) G CONDITION last.	slaling the	1C)	நாற்று அமையார்களும் இவ்வி செயல் சு. சி. முறு என்ன அறு ஒரு நெற்ற முறை ஒரு ஒரு ஒரு ஒரு இரும் கிலி சில் நம்	la ser alem selajujuju ap specija di spi spis planja di skribit di sela se se selaskaj disak di		
-		11						
Z	OTHER SIGNS	II IFICANT CONDITIONS C	ONTRIBUTIN	G				
$\Xi$	TO THE D	EATH BUT NOT RELA	ATED TO TH	E				
		OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? IYes or No	208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?	
CERTIFIC	2	WAS PER	POKWED		Yes	Tes	AUSES OF DEATH!	
_ (	OR CONTRIBU	NT WAS UNDERLYING DITING CAUSE OF medical examined		ne, form, foctory, street, o	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location!	
0 2	ID. TIME	(Month) (Day) (Year)	IHourl 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
	APPROX.)			ile At Not Whi				
-		1 - 40 / 1 - 1	Wo			. CE	Manala 7	
		that (1) (this hospital					March 3, 19 65	
1	hot (I) (we)	lost sow the decease	ed olive on	maron o,	1900 ond the	ot in (my) (our) o	pinlon deoth occurred on the date	
			ted obove. (I	I) (We) (did) (did not)	view the body ofter death.			
2	3A. SIGNATU	MARIAN	, 11	1 0-			23 B. DATE SIGNED	
		1/4/3/1/000	della	M.D. Att	rending Med. Director	Stoff Phys.	March 3, 1965	
2	3C.PHYSICIA	IN'S	-	1	23D. ADDRESS			
	INAME	William B.	VandeGr	ift. M.D.	1400 N. Carolin	e St., Bal	timore, Md. 21213	
24A.	BURIAL CRE	MATION, 24B. DATE		AME of CEMETERY or CR			(City, town, or county) (State)	
D	REMOVAL		5 51	LC1 1	1 (2)	14 0	Marsh 6	
254	DATE REC'D	BY HEALTH DEPT.	DOR NAME	of REGISTRAR	250. PUNERAL DIRECTOR	1 JunoRe	ADDRESS:	
ZJA.	N	IAR 8 1965 (	DO B	S Falls MA	I In a	Track 121	1 Chester Acro	
VS 1	50-REV. 1/1/		TOCAN	C' Acroson and	Jun 2-12	, vac -1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
- 3 1	UU- NE YO 1/ 1/1	~ ~						

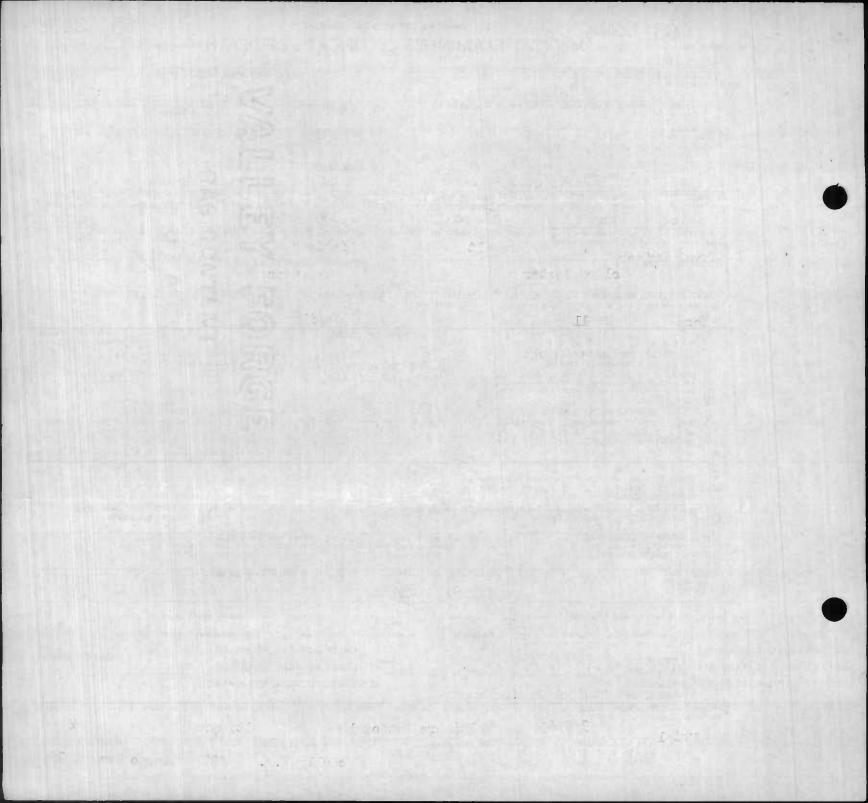


492	BALTIMOR	E
4111	Dr LET III OIL	

BALTIMORE CITY HEALTH DEPARTMEN

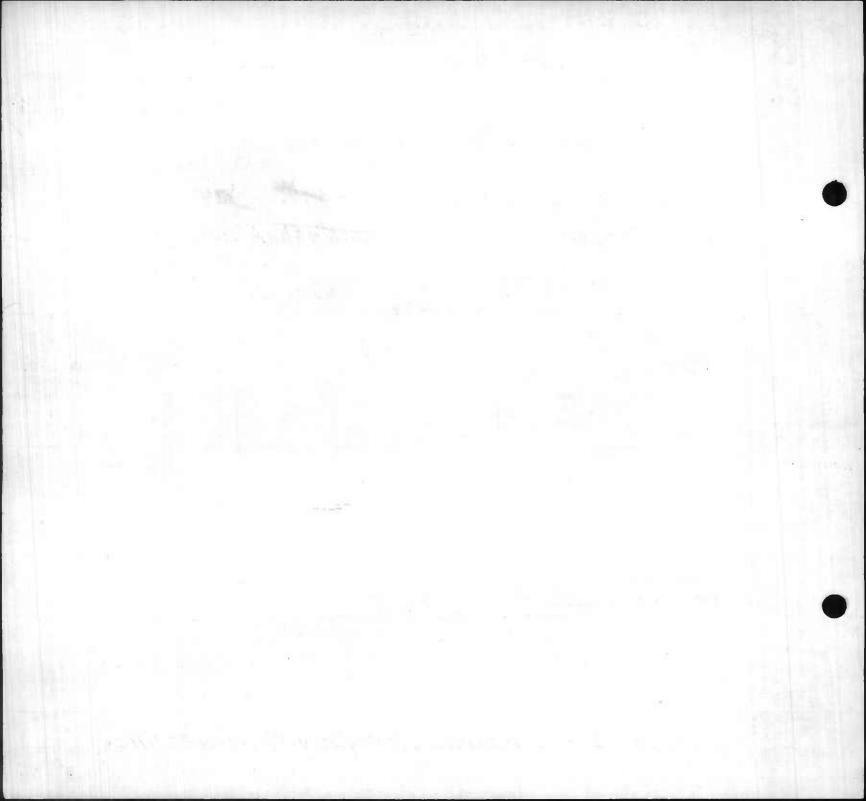
65 2492

BIRT	н но.	MED		AMINER'S			H Register	-	<u> </u>
_	CASE NO.	ASED				In DATE CASE US	BOOMOUNT	DEAD.	
(Typ	e or Print)		D FOSTER			March 3,		DEAD	3.00 -
3. P	LACE IN BALTIA	AORE, MARYLAND, V			4. USUAL RESID	DENCE (Where decease		tution: reside	3:00 p
HO!	L NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU ATION)	TION, GIVE STREET		Maryland WN (If outside corporo Baltimore RESS (If rural, give loc	0	RURAL ond	give township)
		5021 Penni	ngton Av	e.		Pennington			
5. S	EX 6	. RACE	7. MARRIED,	NEVER MARRIED	B, DATE OF BIRT	H 9. A	GE (In years	If Under 1	Yr. If Under 24 H
	male	white		DIVORCED (specify)	man 19.	1919 45	birth doyl	Months	Poys   Hours   Mir
10A.	USUAL OCCUP		rk 108. KIND OF	BUSINESS OR INDUST				12. CITIZEN WHAT	OF GOUNTRY?
13. F	ATHERS NAME	ver	<u> </u>		14. MOTHER'S N				
		Roland For	ster			Owens			
15. V	VAS DECEASED	EVER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	Yes	WW 11	les at service	SECORITI NO.	Fam	ilv			
_	18.	MM TT		CAUS	E OF DEATH	area of		11	NTERVAL BETWEE
Z	DISEASES O	NECENDENT CAUSE  RECONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAST.	ES ANY, GIVING STATING THE	(B)(C)					
5		ll .							
CERTIFICATION	TO THE D	FICANT CONDITIONS EATH BUT NOT R CONDITION CAUSIN	ELATED TO T						
CERT		OPERATION 198. CO		WHICH OPERATION	20A. AUTOPS		YES, WERE FIN		
O	21 A. EXTERNAL UNDERLYING O UTING O CAUSI	OR CONTRIB-	21 B. hame etc.)	PLACE OF INJURY (e.g., farm, factory, street,	in or about 21C.	WHERE DID (If in Bolt		ve exact lac	ation)
	21D TIME OF INJURY (APPROX.)	(Month) (Day) (Ye	v	HILE AT NOT	WHILE WORK	OW DID INJURY OCC	UR?		
	22.	fy that I held on					I and to a	ar a later	
		ed from: Natural co	Inquiry L		de Homic	d that on this basis	mined monne		
	ACTUAL SIGNATU EXAMINE	RE RES	relitu	m.I	ASSISTANT M	EDICAL EXAMINE MEDICAL EXAMINE	R 🖾		DATE SIGNED 3-3-65
22 A	NAME (T		Breiten			100 P 100	1000		
REM	AOVAL (Specify)	3/8/6		Baltimore Nat		23D. LOCATION Baltin		town, or cal	unty) (State)
24A	DATE REC'D B	Y HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR		AD	DDRESS
		AR 8 1965	Role B	E. Jankey M. A.			237 Pats		



3/17/65 5. H H Sufornatur Ry. Bex. ly Thom from

VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT Registered No..

CERTIFICATE OF DEATH

2. DATE AND HOUR OF DEATH

3-4-65

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

MARYLAND

(If outside city limits, write RURAL and give township)

CHASE STREET, 2323

(If rural, give location) E 13 BALTIMORE

5. SEX	6. RACE NEGRO	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) SEPARATED	8-23-18	9. AGE (In years lost birthdoy) 46	If Under 1 Yr. II Under 24 H Months Doys Hours Min.
IOA. USUAL OCC	UPATION (Give kind of wo working life, even if retired)	TE 108. KIND OF BUSINESS OR INDUSTRY	Mellennia 14. MOTHERS MAIDEN	. ,	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN	NAME	

LILLIE HUDSON 17. INFORMANT SISTER

ADDRESS

ONSET AND DEATH

OLIVER ST. 2041 STOKE LOUISE 2819 MARVALBETWEN

CAUSE OF DEATH

208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) VOA

218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?

(If in Boltimore City, give exact location)

Not While ( At Work Work 22. I certify that (1) (this hospital) attended the deceased from

21F. HOW DID INJURY OCCUR?

ond that in (my) (our) opinion death accurred on the date

that (1) (we) last sow the deceased alive an and hour ond from the causes stated obove. (1) (We) (did) (did nat) view the body ofter deoth.

23A. SIGNATURE 23C. PHYSICIANS

Allending Phys. M.D. 23D. ADDRESS

23B, DATE SIGNED Stoff

NAME (Type) IRGI BROWN.

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

(City, lown, or county)

258 NAME OF DEPT.

UNERAL DIRECTOR

Med.

Director

any

An accident

shows: (1)

was D.O.

O

the body was released

ath) of hospital

0

O

0

prior to

eceased

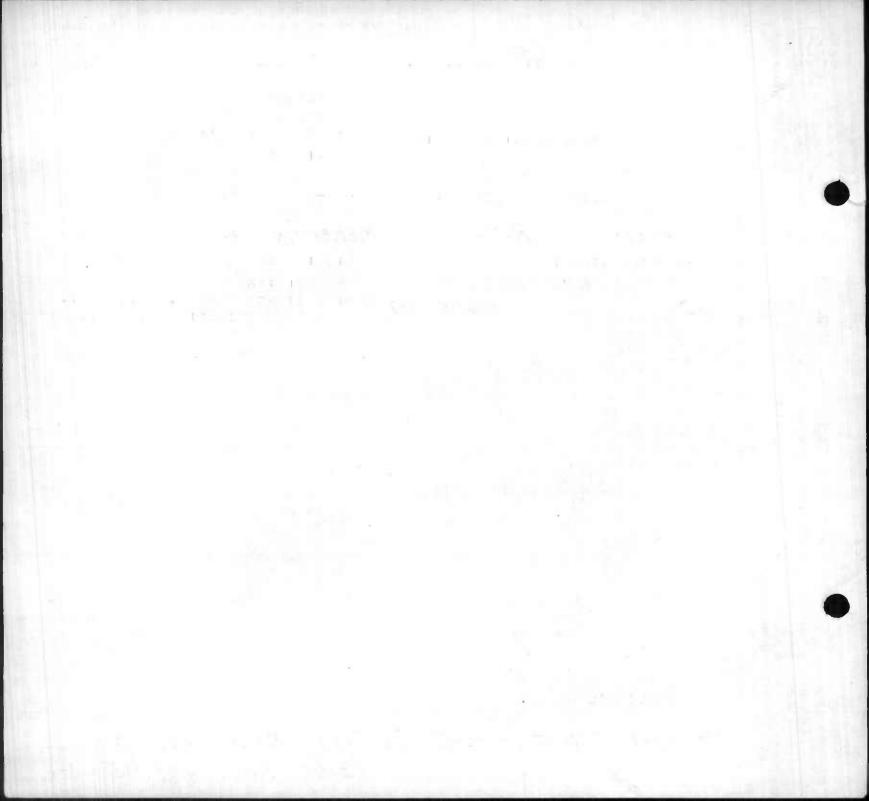
must

approval

V\$ 150-REV. 1/1/65

24A. BURIAL CREMATION.

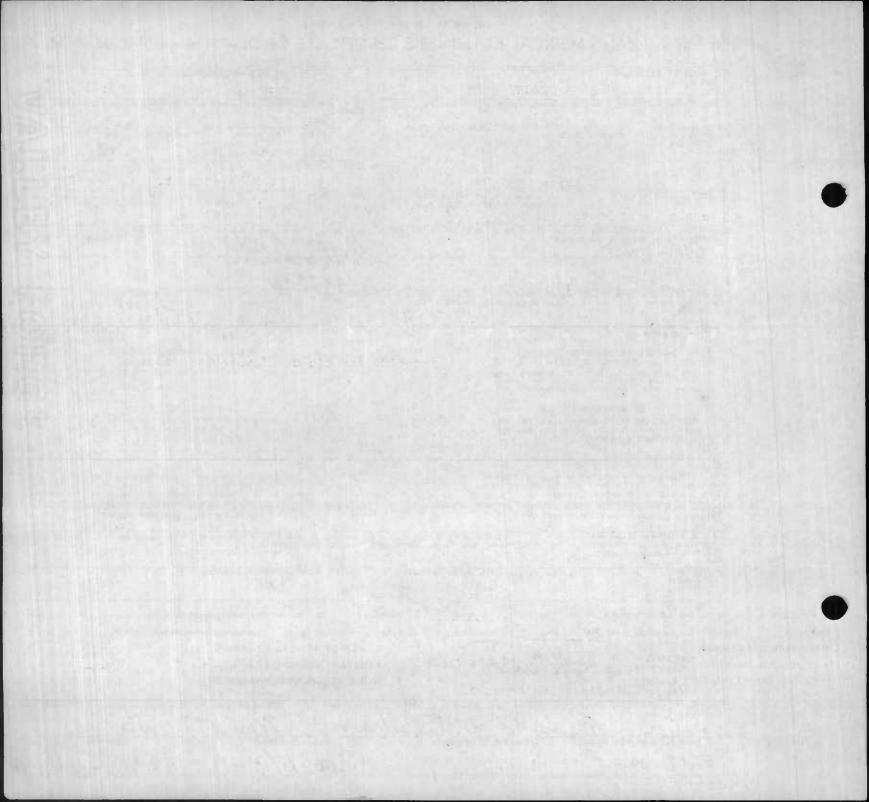
REMOVAL (Specify)



4	1	- >	
0		5	)
11	d	)	)

BIRTH NOS 2496 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.5 2496

M.E. CASE NO.	Amil Acid C	EKTITICATE OF DEATH MAG	
I. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCE	ED DEAD
(Type or Print) EDNA STACEY		March 3, 1965	9:05 p
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If instinate A. STATE Maryland	tution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION) NSTITUTION	UTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write	RURAL ond give township)
		Baltimore  D. STREET ADDRESS (Il rurol, give locotion)	3 2
Lutheran Hosp	ital	1535 N. Poppleton St	. (applittu)
	NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. 11 Under 24 Hrs. Months, Doys, Hours, Min.
female colored nna	vried	712,1898 67	
IOA. USUAL OCCUPATION (Give kind of work 10B. KIND Odone during most of working life, even if retired)	F BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Charles Owens		Matilda ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (II yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT	ADDRESS OF DET
118.	211-32-809	James Engly 13.	INTERVAL BETWEEN
1	CAUSI	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Arteri	osclerotic cardiovascular di	sease
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FII IN CERTIFYING CAUS	
Z 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	PLACE OF INJURY (e.g., e, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, gi	ve exact location)
OF INJURY (APPROX.)	WHILE AT NOT NOT AT V	21F. HOW DID INJURY OCCUR?	
22. I certify that I held an Inquiry	Inspection Au		ny apinian
resulted fram: Natural causes 🗓	Accident 🗌 / Suicle	e Hamicide Undetermined manne	er 🗌
ACTUAL SIGNATURE	und M.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED 3-4-65
EXAMINER'S NAME (Type) Rudiger Breitene	9	ASSOCIATE MEDICAL EXAMINER	
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)  March 8, 1965	of REGISTRAR	r CREMATORY 23D. LOCATION (City, Westport () [24C. FUNERAL DIRECTOR	Balts Ind) ADDRESS
MAR 8 1965 ( O. F. & Fo.	Oxaction .	Joseph L. Rues 222	2 W. north Chre
VS 151-REV. 1/1/65	7	1 7 11	



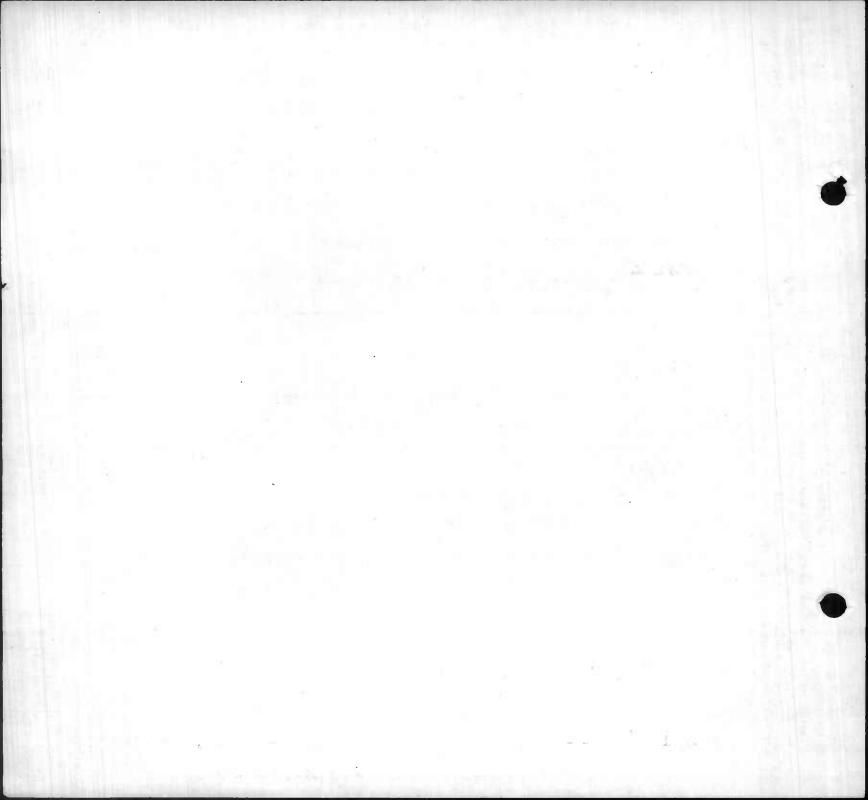
VS 151-REV. 1/1/65

BIRTH NO. MEDI	CAL EXAMINER'S CI	ERTIFICATE OF DEATH Register	ed Na.			
M.E. CASE NO.						
(Type or Print)	4	2. DATE AND HOUR PRONOUNCED DEAD				
3. PLACE IN BALTIMORE, MARYLAND, WH	e Washington	3-5-65 9:35A M.  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)  B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA'	L OR INSTITUTION, GIVE STREET TION)	Maryland C. CITY OR TOWN (If outside corporate limits, write; RURAL and give township)  Baltimore				
Provident Hospital		D. STREET ADDRESS (If rurol, give location)  1426 Druid Hill Ave.				
5. SEX 6. RACE male colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH  2-2-/9/0 9. AGE (In years lost birthday)  55	If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.			
IDA. USUAL OCCUPATION (Give kind of work done most of working life, even if refired)	TOB. KIND OF BUSINESS OR INDUSTRY	Boston, Mass.	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	aton			
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give wor or dotes		Mamie Washingto	ADDRESS			
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not meen the mode of heart foilure, asthenia, etc. It means injury or complication which coused d	dying e.g., DUE TO	of DEATH  eriosclerotic Cardiovascular Disease.	INTERVAL BETWEEN ONSET AND DEATH			
ANTECENDENT CAUSE: DISEASES OR CONDITIONS, IF AI RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	NY, GIVING (B).					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED						
19A. DATE OF OPERATION 19B. CONI	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN				
21A, EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore City, give bldg., NJURY OCCUR?	ve exact location)			
21D TIME (Month) (Doy) (Year) OF INJURY (APPROX.)		21 F. HOW DID INJURY OCCUR?				
I certify that I held an Ir		and that an this basis, death in m				
ACTUAL SIGNATURE EXAMINER'S WERNER UNION NAME (Type)	SPITE M.D	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED 3-5-65			
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 3-9-24A. DATE REC'D BY HEALTH DEPT.	23C. NAME OF CEMETERY C	crematory 23D. LOCATION (City,	AAA. Co, md			

marrie 2-22-1910 elda wheelington 214-14-49 Millione Washington Burel 3-9-65 me Calony Surphy AAD 2011 Francis & Colon Soll 1104

VS 150-REV. 1/1/65

RTH NO. 65 2498	BALTIMORE CITY			
I.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	55 2498
YPE OF PRINTE EdNA Frances W.	oody	Mar		65 105 PLM
PLACE OF DEATH IN BALTIMORE, MARYLAND	0	4. USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution; residence before admission)
FULL NAME OF (If not in hospital or institution, Address or location) INSTITUTION	give street	C. CHY OR TOWN (11 00	utside city limits, write	RURAL and give tawnship)
Hospital for The Women	of Ms.	Baltimo	rural, give locotion)	,
	J ma	7 East Cen	- ~ //	ee t
	D. DIVORCED (specify)	6-7-1891	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
DA, USUAL OCCUPATION (Give kind of work 10B, KIND O	F BUSINESS OR INDUSTRY		ign country)	12. CITIZEN OF WHAT COUNTRY?
TOUSE WIFE B. FATHERS NAME		Unguila  14. MOTHERS MAIDEN NA	ME 2	PERMELIA
SAUL McCormick		Be	vrkloss.	BURKS
o. Was Deceased Ever in U. S. Armed Farces? es, na or unknawn) (If yes, give war or dates of service)	SECURITY NO.	MASUM. Haz	datage.	330 St Paul Place
18. 4.65 × 1	CAUSE O	F DEATH _	egine e	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	M	ultablo	embale	Som
(This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,		( > 0 )		
injury or complication which caused deeth.)  ANTECEDENT CAUSES	(8)	( pulium	ony).	
DISEASES OR CONDITIONS, if ony, giving	DUE TO	vannanananan jannanananan arra a u u u a <del>ara ara a</del> u u u u a a a	Ů,	
rise to the obove cause (A) slotting the UNDERLYING CONDITION last.		**************************************	***************************************	00 IIIIIII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE	6 Pren	morra,	felater	e
DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes ar No	o) 20B. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		ar and	IN CERTIFYING CA	USES OF DEATH?
	B. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID	(1) ( ' D) 1-1	
OR CONTRIBUTING CAUSE OF  DEATH (natify medical examinet)		ffice bldg., INJURY OCCUR?	(If in Baltimare	e City, give exoct location)
J 21A. ACCIDENT WAS UNDERLYING   21E   21E		ffice bldg., INJURY OCCUR?		City, give exoct location)



## IMPORTANT FUNERAL DIRECTOR:

aeath occurred in a hospital and t or contributing cause of death Undetermined cause; (5) Deceased attend 9 prior regular mad eceased disposition = SID the **4** 3 eath UO kind; final attendance any pronounced 0 of embalmed fracture the chief medical examiner regular who are 4 ල physician remains burns; Was physician Body the 0 here to the hospital °N nature; 3 obtained 9 (except and any eath); pe of hospital the body was released must shows: (1) An accident Ū 0 approval 0 prior at 4 eceased 0.0 SID 3

VS 150-REV. 1/1/65

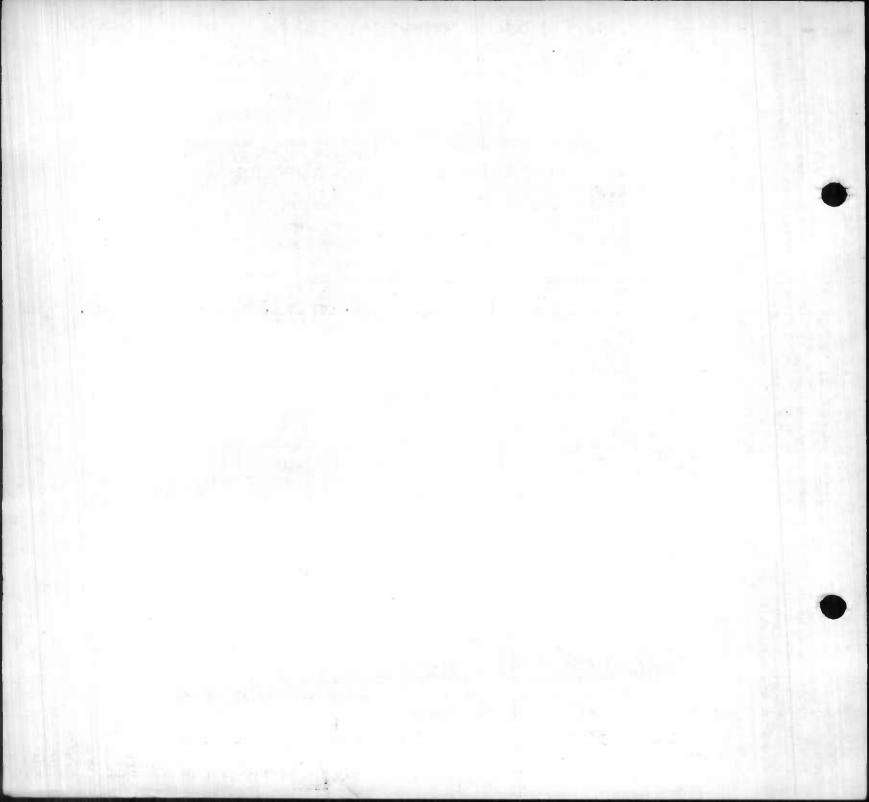
on the

ance

eath.

T

BALTIMORE CITY HEALTH DEPARTMENT 2499 Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MARGARET MYERS DORA MARCH 6, 1965 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission 3. PLACE OF DEATH IN BALTIMORE, MARYLAND MARYLAND FULL NAME OF (If not in hospital as institution, give street HOSPITAL OR address or lacation) C. CITY OR TOWN (If autside city limits, write RURAL and give township) INSTITUTION BALTIMORE D. STREET ADDRESS UNION MEMORIAL HOSPITAL (If rural, give location) AMBASSADOR APTS. 39 TH + CANTERBURY ROAC 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 5. SEX 6. RACE 9. AGE (In years If Under 24 Hrs. Hours : Min. If Under 1 Yr. Months Doys Hours WIDOWED, DIVORCED (specify) FEMALE MARRIED White 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of warking lile, even if retired) HOUSE WIFE MARYLAND UNITED STATES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MICHAEL WEIS UNKNOWN 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. NO Mr. Joseph E. Myers Ambassador Apts ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) MYOCARDIAL INFARCTION LEADING TO DEATH (This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, HYPERTENSIVE AND ARTERIOSCLEROTIC injury as camplication which coused death.) CARDIOVASCULAR ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING HYPERTENSIVE + ARTERIO SCLEROTIC CEREBRO -CERTIFICATION VEARS TO THE DEATH BUT NOT RELATED TO THE VASCULAR DISEASE WITH CEREBROVASCULAR DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No! 208. IF YES, WERE FINDINGS CONSIDERED 19A, DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, lorm, factory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact lacotion) DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work At Wark 1965 to MARCH 22. I certify that (I) (this hospital) attended the deceased from MARCH 5 that (1) (we) last saw the deceased alive an MARCH 6 19 65 ....and that In(my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 238, DATE SIGNED 23A. SIGNATUR Attending Phys. M.D. Med. Stoll MARCH 6, 1965 Director 23C. PHYSICIAN'S 23D. ADDRESS UNION MEMORIAL 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specily) 19/1965 Burial Lorraine Park Mausoleum Woodlawn. Maryland 2 29 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR



	The second second	BALTIMORE CITY	HEALTH DEPARTMENT		65 2500		
	1 NO. 65 2500	CERTIFICA	TE OF DEATH	Registered No.	00 2000		
	CASE NO.		2. OATE AN	D HOUR OF DEATH			
	or Print) WILLIAM E.	PEARCE, JY		17/65	7 50 Am.		
3. PL	ACE OF CEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If in	nstitution: residence before admission)		
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) - INSTITUTION			Maryland				
			C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
PLUTHERAN HOSPITAL			Baltimore  D. STREET ADDRESS (If rural, give location)				
			4308 Liberty Heights Ave. 21207				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)			B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.   Months: Ooys   Hours   Min.				
1	VALE MAILE	MARRIED	11/20/86	78			
done	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?		
		Teacher	Baltimore Co.	. Md.			
	ATHERS NAME		14. MOTHER'S MAIDEN NA	WE			
	William E. Pearce		Elizabeth Ann Price				
15. W (Yes,	os Oeceosed Ever in U.S. Armed Forces? no or unknown) (If yes, give war or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT 4308 Liberty Hgts. Ave				
	No None	219-38-9435	Mrs. Carrie E.	Pearce Bal	timore, Md. 21207		
	18. 4/221	CAUSE OF	SCLEROTIC YRDIN	OVATOULAR	INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	inis does had meen me mode or dying, e.g.,					
	heart faiture, asthenio, etc. 11 meons the disc injury or complication which coused deoth.)	rase,					
	ANTECEDENT CAUSES	74 74444 4 6 8 6 8 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
	DISEASES OR CONDITIONS, if any, gi						
	UNDERLYING CONDITION last.		*****************				
	ll l						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBETO THE DEATH BUT NOT RELATED TO						
	OISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED		
ERTIFIC	WAS PERFORMED		VES.	IN CERTIFYING CA	USES OF OEATH?		
U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, farm, factory, street, of	or about 21C. WHERE DID	()f in Boltimor	e City, give exact lacolian)		
CA	DEATH (notify medical examiner)	etc.)					
	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
2	(APPROX)	While At Not While At Wark					
	22. I certify that (I) (this hospital) attend	led the deceased from	2/14	1965 10 3	17 1965.		
1	that (I) (we) last sow the deceased alive	on 3/7	19 65 ond th	ot In(my) (out) opi	inion deoth occurred on the date		
	and hour and from the couses stated above	ve. (I) (We) (did) (did not) v	iew the body ofter deoth.				
23A. SIGNATURE  23B. DATE SIGNED  23B. DATE SIGNED  27/65							
		Phy:	s. Oirector	Phys.	3/1/65		
	OSCAR FERNA	NDIN' M.O.	Luthe har	· Hospital	of Maryland		
24A.	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CRE	MATORY 24D. Le	OCATION (C	ity, town, or county) (State)		
	Burial 3/10/1965	Druid Ridge Cem	etery Pil	kes <b>v</b> ille. Mo	d.		
25A.		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	12-1	to, med-21217		
IV	MY O HOUSE O NA	COSCU, MIL	Wm. L. Vahner	18on voi	the Paraves		
V5 1	50-REV. 1/1/65						

